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JPRS Report

Epidemiology

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EPIDEMIOLOGY

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WEST AFRICAN FIGHT AGAINST MALARIA

Dakar LE SOLEIL in French 16 Jul 87 p 4

[Article by Andre Radany: "West Africa: New Push in Fight Against Major Endemic Diseases"]

[Excerpts] The eight French-speaking countries of West Africa and France have decided to give new impetus to their work at the Organization for Coordination in the Control of Major Endemic Diseases in West Africa (OCCGE). Malaria, which has become increasingly resistant to chloroquine, is responsible for 3 million deaths annually in Africa. In order to "reinvigorate" the OCCGE, a scientific council of high-level researchers has been set up and the organization has been granted a sizeable budget (more than 900 million CFA francs) for 1987.

In the field of major endemic diseases, AIDS should not be the tree which obscures the forest. AIDS prevention and information programs need to be developed but at the same time efforts must be redoubled to fight the major endemic diseases: tuberculosis, cholera, polio, meningitis, yellow fever and bilharziosis. These diseases continue to wreak devastation and, more than ever, mass vaccination, water purification and public health program need to be pursued.

At the top of the list of major endemic diseases which need to be fought according to the new president of the OCCGE, Marie Sarr Mbaye, the minister of the health of Senegal, is malaria, which accounts for 3 million deaths per year in Africa because the disease has become increasingly resistant to chloroquine.

"Chloroquine resistance"

In 1987, Malaria is still the world's major endemic disease; in Africa, 380 million people, or 88 percent of the population of the continent, risk catching malaria. The ailment is of the hyperendemic sort, that is to say, very widespread in populations in which more than 50 percent of children are plasmodium carriers.

Whereas Asia and Latin America have been affected since the 60's, it was only in 1978 that the first cases of plasmodium falciparum resistance to chloroquine were described in East Africa in 1982, Atlantic coast countries

in 1985, Benin in 1986. "As of now, with the exception of Benin, only West Africa is still free," Professor D. Bardon of the Le Pharo Hospital Center in Marseille stated.

A Scientific Council

This resistance to antimalarial drugs by the plasmodium falciparum raises serious public health problems, and authorities in the countries of Africa must adapt their fighting strategy to this new situation. The spread of this chemical resistance* threatens to wipe out hopes of controlling endemic malaria.

After being inactive for some years, owing primarily to a shortage of funds, the OOGGE seems willing to make a second new start. That was decided last June in Paris at a special administrative council meeting. To "reinvigorate" the organization, a true scientific council was set up comprised of high-level researchers. OOGGE administrative oversight will also be strengthened, while a multilateral fund will receive contributions from other states or financial backers (WHO, UNICEF, FAO, European Development Fund USAid, French Aid and Cooperation Fund, etc.).

The special administrative council meeting decided to expand the OOGGE's scientific research by making regular contributions to it (450 million CFA francs for 1987) and France will contribute 510 million CFA francs to the effort.

To set up and coordinate plans of action to control and eradicate the major endemic illnesses ranging in its Member States is the principal objective of the OOGGE, which hopes to carry out its activities in institutes and research centers.

*According to the WHO, resistance to antimalarial drugs is defined as "the ability of a strain of the malarial parasite to survive or reproduce despite the administration and the absorption of a drug used in doses equal to or greater than the ordinarily recommended dosages but fitting within the subject's limits of tolerance."

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HEPATITIS B VACCINE PRODUCTION IN AFRICA: PROBLEMS, PROSPECTS

Moscow VOPROSY VIRUSOLOGII in Russian No 5, Sep-Oct 86 pp 591-594
(manuscript received 17 Oct 85) pp 591-594

[Article by A. Nasidi and T.O. Harry, National Institute for Medical Research, Lagos, Nigeria]

[Text] Since the time of the development, production and release of Hepatitis B vaccine, based on the purification and inactivation of the Hepatitis B surface antigen (HbsAg) [5, 11], much has been accomplished in this area. Clinical and field tests have demonstrated the vaccine's immunogenetic potency and efficacy, and it was hoped that the vaccine would protect millions of people not only from Hepatitis B, but possibly from its sequelae, including primary cancer of the liver. This form of liver cancer is known to be the most prevalent of malignant diseases among men living in Southeast Asia and Africa.

The high cost of the vaccine has been the only barrier to its large-scale use and an effective control of this infection. Various approaches are being presently employed in several Southeastern Asian countries to bring the cost of the anti-Hepatitis B vaccine within the reach of the population. Cooperative efforts are being undertaken with companies and institutions of other continents which have the necessary financial resources and scientific technology. In some of those countries the manufacture of a less expensive Hepatitis B vaccine has already started or is being planned.

The present article examines problems related to the anti-Hepatitis B vaccination of the population in several countries of Africa and Southeast Asia.

In view of the present availability of effective immunoprophylaxis in several countries with endemic regions, immunization was selected as the method to be used for the control of Hepatitis B (HB). Many of these countries, particularly in Southeast Asia, have clearly defined their strategy for the effective control of HB through vaccination [2, 7]. That strategy has precisely identified the priority groups slated for vaccination and outlined the means of obtaining the vaccines and reagents required for an immunization program.

The present article discusses some of those programs and suggests a strategy for the effective control of HB in Nigeria and on the African continent as a whole.

Southeast Asia has both industrially advanced (Japan) countries or countries which have recently become industrial (South Korea, Taiwan, etc.) as well as developing countries. Consequently, the manufacture of HB vaccine can be easily set up in view of the already established scientific and technological base in a number of these countries.

There are more than three companies that manufacture HB vaccine in South Korea alone. A similar situation exists in Japan, Taiwan, and Singapore. In Singapore an enterprise has started to manufacture HB vaccine for the subregion in cooperation with a French firm. In its trade relations with other countries, this country supplies their vaccine in exchange for human blood plasma through the mechanism of inter-governmental cooperative agreements.

The strategy developed in Singapore to control HB consists of the following two programs:

1. Sanitation Education Program. The purpose of this program is to provide information on a broad basis to the public and hospital personnel about the mode of HB transmission and related hazards. The public is to be given information about the vertical mode (in pregnancies) and horizontal mode (hospital personnel and residents of the country) of HB transmission.
2. Program of Immunoprophylaxis. This program is aimed at eliminating the antigen carrier factor and immunological protection of the susceptible elements of the population.

The strategy in Taiwan is somewhat different. Here, the principal thrust of HB morbidity control is to be placed on immunization. In order to achieve that goal, it was decided to manufacture HB vaccine, the specific immunoglobulin, and all the test reagents on a country-wide scale. A ten-year vaccination program was begun on July 1, 1984 in which new born infants receive priority immunization. In order to establish whether or not the immunization program has reduced the incidence of primary hepatic carcinoma and other chronic diseases of the liver, the results of the vaccination program will be followed for a period of 30 to 40 years. Thus, the immunization program in Taiwan may be considered to be exhaustive.

In general, the vertical path of HB transmission plays a more significant role in the Southeast Asian countries (>50%) than it does in Africa where, it is believed, only about 12 percent of the diseases are related to this mode of transmission [1, 12]. Extensive scientific research has been undertaken in Southeast Asia and appropriate age groups for immunization have been defined. It follows from the foregoing that an active immunization program can now be outlined and carried out.

HB Vaccination in Africa

HB is endemic in Africa and constitutes a highly endemic disease in several countries of this region. Previously there had been some question as to the need of an HB vaccine for Africa. There was also some debate about rational and practical approaches to the effective utilization of an HB vaccine for the efficient control of this disease in Africa [10, 16].

These remain urgent and practical problems even today, since there are no countries in Africa which have precisely outlined a strategy to control HB through immunization.

Factors impeding the successful implementation of an HB immunization program in Africa include the lack of sufficient financial resources, a clearly defined vaccination strategy, poorly developed programs of sanitary education, a shortage of personnel to implement these programs, and a lack of sufficient studies required for the formulation of a national or regional immunization strategy.

The results of several studies have clearly shown that persons in Africa are infected by HB in the early period of life, and that the morbidity rate for children under one year of age is at least 60 percent [12]. These data would indicate that immunization should be started during the early years, preferably immediately after birth. As in the case of the Asian countries, the vaccination of all new born infants in Africa would be the most suitable method of effective control. However, as experience has shown, an extensive program of immunization that would entail the widespread vaccination of newly born infants is hardly possible since most births occur outside of hospitals. In some regions of the country the vaccination rate of infants is only about 20 percent.

However, the problems encountered in this strategy are concerned with the high cost and large quantities of the vaccine that must be manufactured in order to achieve the established goal. The only realistic approach to this problem is the local manufacture not only of the HB vaccine, but also of the reagents that are essential to vaccine testing and subsequent observations.

The following are various suggested future forms of cooperation for the purpose of making HB vaccines accessible in Africa: 1) cooperation among the continent's scientists or scientific organizations to set up manufacturing enterprises. This would stimulate the active participation of the continent's scientists in a campaign against infectious diseases and guarantee the health of the entire population by the year 2000; 2) the production of HB vaccines under license from highly reputable manufacturers; 3) the modernization of product and equipment quality control for the final packaging and distribution of vaccine suspensions received from manufacturers in other countries; 4) the exchange of starting materials in the form of fractionated or processed HBsAg-positive plasma for vaccine manufacture; 5) the distribution of HB vaccines via non-commercial international organizations at reduced preferential prices.

The selection of any one of the aforementioned options would depend on local conditions which would include the availability of financial resources, human

resources, the public health infrastructure, etc. In view of the current situation in Nigeria, we believe that the first of the aforementioned options would be the most preferable.

We have developed a vaccine at our institute that has passed all the preclinical tests recommended by the WHO with the exception of the safety tests. Some of the scientific associates engaged in this problem decided to test the vaccine on themselves. One of this article's authors (A. Nasidi) and his colleagues who had no anti-HBs as well as an associate in whom these antibodies were detected were immunized by the vaccine. Moreover, the anti-HBs level in the second person vaccinated reached 2,000 units/ml which was indicative of an immune state, and this level in the third person increased to 6,000 units/ml two months after the third vaccination.

Following this test we concluded that our vaccine was suitable for use as an anti-HB agent. Subsequently, we studied the vaccine's stability under tropical conditions and improved its quality in accordance with our requirements. For example, we decided to carry out a supplemental inactivation stage by UV-irradiation, as has been described earlier (4, 14, 15).

These modifications should raise the safety level of the vaccine. In addition, in order to lower the cost of the vaccination, we used $Ca_3(PO_4)_2$ in place of $Al(OH)_3$, which had been previously used in the first experimental vaccine. This prototype vaccine is currently undergoing preclinical tests. The results we have obtained so far are promising. $Ca_3(PO_4)_2$ has a number of advantages as an adjuvant. It has a greater adsorptive capacity and is better tolerated, especially in children. This is due to the fact that $Ca_3(PO_4)_2$ in the body does not block the formation of specific E class Ig [8, 13, 17], and the fact that the slow release of the vaccine from the depot assures a longer period of immune response stimulation. In addition, the use of this adjuvant lowers the level of possible allergic reactions [5, 6, 19] and allows a higher level of circulating antibodies which in turn makes it possible to reduce the number of injections and extend the intervals between them which eventually lowers the cost of mass immunization.

Significance of HB for Nigeria

In order to convince the government of the need for greater cooperation, we submitted a comprehensive plan for a national anti-HB campaign in Nigeria.

We calculated the amount of vaccine that would be needed for the effective control of HB in our country by means of vaccinating newborn infants. If the vaccine were obtained from foreign manufacturers at today's prices, that expenditure would come to 70 percent of the country's total budget for public health. Consequently, we recommended that the government undertake the local manufacture of HB vaccine in Nigeria.

Thus, the strategy for the control of HB as outlined in the Asian countries may not be acceptable for Africa. The African strategy will require changes and will have to be planned in order to satisfy current conditions on this continent. Since, according to all our available data, not a single African

country can afford to pay for the cost of vaccinating all children under one year of age against HB, the immunization program may have to be adopted in stages.

The HB vaccination program will possibly have to be combined with the extended program of immunization for easier implementation. The following pattern of vaccination would probably be the most suitable for Africa, including Nigeria*⁽²⁾:

BCG+HB vaccine (1) -- at birth
DTP and polio I + HB (2) -- at two months of age
DTP (2) and polio II + HB (3) -- at three months of age
DTP (3) and polio III + HP (4) -- at four months of age
Measles -- at nine months
Tetanus anatoxin -- two doses at the sixth and seventh month of pregnancy
HB booster dose -- at three years of age

FOOTNOTES

1. Paper given at the International Symposium in September 1985 at the Institute of Virology imeni D. I. Ivanovskiy, USSR Academy of Medical Sciences.
2. * Numbers in parentheses represent times immunization is to be repeated.

BIBLIOGRAPHY

1. Beasley, P. Hwang, L.-Y., Steven, C. E. et al., HEPATOLOGY, Vol 3, pp 135-141, 1983.
2. Chen, D.-S., "National Strategy of HBV Vaccine in Taiwan; Republic of China": Presented at the International Symposium on Immunization Against HBV in Developing World, Seoul, South Korea, 1984.
3. Edelman, R., Hardegree, M. S. and Chedi, S. L., J. INFECT. DIS., Vol 141, pp 103-112, 1980.
4. Harry, T. O., ARCH. VIRU., Vol 58, pp 235-241, 1978.
5. Hilleman, M. R., Bertland, A. U., Bunyak, E. B. et al., "Viral Hepatitis", Eds. G. Vyas, S. N. Cohen, and P. Schmid, Philadelphia, 1978, pp 525-537.
6. Jacobs, R. L., Lave, R. S. and Lavier, B. Q., JAMA, Vol 247, pp 40-42, 1982.

7. Jin, O. C., "Prevention and Control of Liver Cancer: Global Strategy." Presented at the WHO Scientific Group Meeting on Prevention and Control of Liver Cancer, Geneva, 1985.
8. Levine, L., and Edsall, G., J. INFECT. DIS., Vol 144, p 376, 1981.
9. Matuhasi, T. and Ikegami, Ibid, Vol 146, p 146, 1982.
10. Maynard, J. E., "Hepatitis B. Vaccine," Eds. P. Maupas and P. Guesry, Elsevier, North, 1981, pp 13-19.
11. McAuliffe, R. H., Purcell, H. H. and Gerin, L. L., REV. INFECT. DIS., Vol 2, pp 470-492, 1980.
12. Prince, A. M., White, T., Pollock, N. et al., INFECT. AND IMMUN., Vol 32, pp 675-680, 1981.
13. Relyveld, E. H., Lavergne, M. and De Ruddar, J., DEVELOP. BIOL. STAND., Vol 22, pp 78-90, 1974.
14. Romanova, L. N. and Plyushkina, G. S., Ibid, Vol 40, pp 209-213, 1977.
15. Selimov, M., Aksenova, T., Klyneva, E. et al, Ibid, pp 57-62.
16. Shikata, T. Karasawa, T. Yano, M. and Oda T., "Viral Hepatitis," W. Szmuness, H. J. Alter, and J. E. Maynard, Philadelphia, 1981, pp 399-410.
17. Vasiliev, T. L., ALLERGY, Vol 33, pp 155-159, 1978.

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KALA AZAR EPIDEMIC TERMED UNBECOMING TO NATION

Dhaka THE NEW NATION in English 16 Jul 87 p 5

[Editorial]

[Text]

There have recently been sporadic incidences of Kala Azar in some areas of Mymensingh—and for want of a campaign to contain it, it is spreading to new areas and claiming more and more victims. There has been no shortage of new fangled diseases in the decades following the Second Great War. Whether the new discipline of biotechnology, popularly called genetic engineering, has anything to do with some of them or not—at least two of them, Herpes and AIDS to wit—have proved to be truly earthshaking. We may take satisfaction in the fact that the two have not as yet been able to make inroads into the chronically ailing health situation of Bangladesh. But that could as well mean that we haven't become modern enough in order to qualify to pay the price for it. We continue with our old stock of maladies like malaria and consumption, etc, doing rounds even as Halley's Comet does celestially. And may be that is a measure of our backwardness.

The crunch however lies in the fact that some of these familiar and old visitors do prove as formidable and elusive and baffling as any of the modern scourges. Kala Azar is decidedly one of them.

A life-sapping disease, Kala Azar must have been one of the most dreaded of slow and cruel killers. It was left only to a Bengali researcher to develop the first truly effective antidote for the affliction—and find a prestigious niche in modern pharmacopoeia. For the

better part of the current century Urea Stabamine, or the Brahmachari injection as it was called after the man who developed it—made short work of the malediction so tellingly that society was quite oblivious now for decades of the kind of dread it was. Perhaps a little less effectiveness could be good for our health. For together with the disease out went the antidote—the sub-continent forgot the recipe for the Brahmachari miracle.

But Kala Azar is again on the kill. Meantime, Sodium Subogluconate, which Glaxo is marketing under its brand-name Stibatin, and Pentamidine Isethionate—a May & Baker product—have been taken recourse to by local physicians—perhaps for want of anything to lay their hands on. The giant pharmaceutical sector of neighbouring India was frantically after making a re-discovery of the Brahmachari ampoule. What they came up to was a far less effective drug.

Now what is to happen to poor Kala Azar victims of Mymensingh? The Bengali daily which on Wednesday published the news of the outbreak also reported that a big consignment of injectible medicine imported from India through the good offices of the World Health Organisation to combat the disease in Bangladesh is failing to find its way to the Mymensingh interior.

A very effective way to contain Kala Azar is to go after its carrier—the mosquito. It has been alleged that on this count too the administration of the infested areas are proving unresponsive.

Bangladesh cannot possibly expect to come up with a broad-spectrum cure for cancer or any sure-fire thing to grapple with AIDS, and it may not even produce another Brahmachari for quite a while. But that should not mean its people would be given in sacrifice to afflictions the world has long

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INCREASE IN MALARIA IN CHITTAGONG HILL TRACTS

Dhaka THE BANGLADESH OBSERVER in English 26 Jul 87 p 7

[Text]

RANGAMATI, Jul 19.—Of the total more than 30 per cent people of Chittagong Hill Tracts region have been suffering from malaria.

According to Health Department report, malaria increased to 30 per cent from 12 per cent in Rangamati District during the last one year.

The health staffs have collected 21,000 blood slides from the people of different areas of Rangamati Hill Tracts in 1985 last. Of the total collected blood slides malaria parasites were found in 2500 blood slides. In 1986, a total of 17,000 blood slides were collected by the Health Department Staffs from different areas of the district where malaria parasites were found in 5,000 blood slides. According to report, Malaria has increased to 30 per cent from 12 per cent in Rangamati district during the last two years.

According to Health Department report of Bandarban district, of the total collection of 16,000 blood

slides, malaria parasites were found in 4,000 blood slides in 1985. Besides, 19,000 blood slides were collected in 1986 where malaria parasites were found in 10,000 blood slides. As a result malaria have risen to 45 per cent from 25 per cent in Bandarban district during the said period.

On the other hand Health Staffs collected 27,000 blood slides from different areas of Khagrachari District in 1984 last. Of the total collection of blood slides malaria parasites were found in 4,250 blood slides. In 1986, of the 26,000 blood slides, malaria parasites were found in 8,000 blood slides. As a result malaria has increased to 30 per cent from 16 per cent in Khagrachari district during the said period.

On the other hand, ten to eighteen per cent people have been suffering from malaria disease in Cox's Bazar district. It is also reported.

/9317
CSO: 5450/0199

BRIERS

TEENAGERS' VENEREAL DISEASE--Dinajpur, July 31--Incidents of venereal diseases, particularly among the teenagers, are on increase in the districts of Dinajpur, Rangpur, Bogra Pabna and Rajshahi, according to local physicians. Some 2,000 gay girls are living in different areas of North Bengal. Some anti-social elements, residential hotel managers and others help these girls carry on with their profession. When contacted, Dr Salger Rahman, a retired doctor of Dinajpur Sadar Hospital, told this correspondent that 10 percent teenaged patients suffer from venereal diseases. The number of VD patients have increased by about 50 percent after closing down of the brothel at Thokurgaon town. He went on the roving gay girls have spread 70 percent venereal diseases as a carrier of the germs can infect about 20 people before VD is detected in the girl. (Excerpt) [Dhaka THE NEW NATION in English 2 Aug 87 p 2] /9317

CSL: 5450/0200

NUMBERS OF AIDS CARRIERS ESTIMATED AT 300,000**Number of Asymptomatic Carriers Enormous**

54002077 Sao Paulo FOLHA DE SAO PAULO in Portuguese 1 Aug 87 p A-10

Text Brasilia--The Ministry of Health estimates that about 150,000 to 300,000 persons are affected with the AIDS virus in Brazil without knowing that they are carriers but nevertheless capable of infecting others. This figure was published yesterday for the first time by Lair Guerra de Macedo Rodrigues, 42 years old, coordinator of the Ministry of Health's anti-AIDS program. The figures also indicate that there are about 9,000 to 15,000 carriers of the virus in the country who are already showing symptoms of the disease but who are not yet considered bona fide AIDS victims.

According to statistics published by the World Health Organization (WHO), in the world as a whole there are presently from 5 to 10 million carriers of the virus, known technically as "asymptomatic carriers" inasmuch as they do not evince any symptoms which would lead the doctors to suspect the presence of the virus. The WHO also estimates that there are about 300,000 to 500,000 carriers of the virus who already exhibit symptoms of the disease, this estimate being based on the fact that there are 100,000 known AIDS patients on the planet.

Manuals

To identify the underreported cases and facilitate the diagnosis of the disease in addition to improving vigilance with regard to the emergence of new cases and the prevention of others, the Ministry of Health made arrangements yesterday to send a manual to all members of the medical profession in the country.

As an initial step, 40,000 copies were printed, dealing with the subject: "What Is AIDS?"; this relates to the situation in which the cause of death is not known but is associated with a positive test; it describes the framework in which the individual exhibits symptoms indicative of the lack of defense of the blood cells (infection in the internal organs, principally in the central nervous system) and ends up giving three or more signs and symptoms of the disease (diarrhea, fever, nocturnal sweating and weight loss amounting to more than 10 percent) which should be called to the doctor's attention if they persist for more than a month.

The manual also explains how to detect a "suspicious" case (positive anti-AIDS test which does not provide a confirmation) and "contact" (sexual partners of

the patient and infants less than 1 year old). Finally, it defines the limitations of the high-risk groups.

How Estimates Are Made

The forecast of the Ministry of Health used the same method as that used by the WHO. The experts used the following criterion: Each AIDS patient can infect from 50 to 100 persons; the number of real cases should be obtained by adding the number of cases reported to the ministry (1,981 in June) to the percentage of underreported cases (which varies from 40 to 50 percent in Brazil). That percentage refers to the number of cases which might exist but were not reported to the government. According to the government, there are approximately 3,000 AIDS cases in the country. The estimate is made by multiplying the number of real cases by the possible number of persons infected by each patient.

60,000 Patients in 5 Years

54002077 Sao Paulo O ESTADO DE SAO PAULO in Portuguese 6 Aug 87 p 15

Excerpt7 Brasilia--Within 5 years, 40 percent of the 150,000 Brazilians currently infected with the AIDS virus will be actual carriers of the disease and this means that in 1992 Brazil will have about 60,000 AIDS patients. This forecast comes from Dr Carlyle Guerra de Macedo, director of the Brazilian Pan-American Health Bureau, subordinate to the WHO. Health Minister Roberto Santos agreed with this forecast and commented that "the current figures are tragic," but within a short time the people will be more aware of the real situation as a result of the government campaign.

According to Dr Carlyle Guerra, AIDS is now a serious threat to world health, since there are currently 60,000 cases reported worldwide and more than 40,000 not reported. Dr Guerra also asserts that Brazil, which is vying with France for the title of the second country in the world with the greatest incidence of AIDS, does not have "an optimistic future in view of those dismal figures--specifically, 2,000 reported cases."

On the other hand, Health Minister Roberto Santos is more optimistic. According to him, the Brazilian people are mobilized against the spread of the disease as indicated by the great number of people who are using contraceptives. The minister also said that the preventive campaign being conducted by the Ministry of Health has been very successful in that "the alarming number of carriers of the disease" now being reported are individuals who already had the virus before the beginning of the campaign. "The number of cases now being reported represents the accumulation of cases reported during the past 5 years," the minister said.

8568

AIDS WORKPLACE POLICIES, CORPSE IRRADIATION PROPOSAL NOTED

Policies in Workplace

Toronto THE GLOBE AND MAIL in English 4 Aug 87 pp B1, B4

[Article by Margot Gibb-Clark]

[Text]

The most contagious thing about AIDS in the workplace is the fear that it causes.

You can't catch acquired immune deficiency syndrome from a colleague by using the same toilet or telephone, or eating food served by him, doctors stress.

But because AIDS is fatal, and perhaps because it is most often associated with homosexuals, it evokes a fear similar to that aroused by leprosy in biblical times.

However, few Canadian companies have developed policies for dealing with AIDS in the workplace. Those that have sometimes play them down: They are given other labels or called practices, not formal policies.

The National AIDS Centre in Ottawa reports that 1,198 Canadians have contracted AIDS, of whom only 563 are alive. An estimated 50,000 to 100,000 Canadians are infected with the virus. About 87 per cent of those are between 20 and 59 years old, so they're likely to be in the work force, said Howard Minuk, medical director of Mercantile and General Reinsurance Co. of Toronto.

Canadian companies that have developed or are planning policies include the Bank of Montreal, Petro-Canada, Northern Telecom Ltd., Imperial Life Assurance Co.

and Mercantile and General.

A number of other companies offer educational material. Last fall, the Canadian Manufacturers Association published a list of workplace questions and answers on AIDS for its members. Imperial Oil supports and distributes a University of Toronto health newsletter.

Hospitals and other public-sector employers such as Metropolitan Toronto have also developed AIDS policies.

The Bank of Montreal approach is typical: the issue is dealt with as part of guidelines on life-threatening diseases in general.

Bank employees with AIDS who wish to remain at work will be allowed to do so as long as they can do their jobs and medical evidence indicates they are not contagious. They are eligible for disability coverage and medical benefits.

Most company guidelines emphasize that the affected employee has the right to continue working.

AIDS testing in the workplace is not yet the issue it has become in the United States.

Proposal To Irradiate Corpses

Ottawa THE OTTAWA CITIZEN in English 23 Jul 87 p A4

[Text]

TORONTO (CP) — A business-man wants to irradiate the dead

bodies of AIDS victims to kill the virus before funeral home employees come into contact with it.

"I feel there is a genuine business opportunity, as morbid as that may sound," Michael Newman, vice-president of Woodway Resources Ltd. of nearby Markham, said in an interview.

Under Newman's proposal, bodies would be irradiated much the same way as food. In food irradiation, a technology promoted by the nuclear industry, food is exposed to low-level radiation.

But officials with the AIDS Committee of Toronto and the Department of National Health and Welfare were skeptical.

"It sounds like an entrepreneur with a gleam in his eye," said Philip Shaw, a spokesman for the AIDS Committee of Toronto.

Dr. Alastair Clayton, director for the Laboratory Centre for Disease Control, said the proposal is "a bit of an overreaction" to AIDS, because some other viruses, such as Hepatitis B, are more contagious.

Newman, who develops and manufactures radiation-monitor-

ing devices, said his company could build a body-irradiation plant and begin operating by next spring.

But Clayton said irradiating bodies is probably unnecessary, because the AIDS virus dies within three or four hours of a person's death.

Federal guidelines for funeral directors — released last November and endorsed by the Funeral Services Association of Canada — "are perfectly adequate to safeguard anyone who is in contact with a dead body, when properly practised," Clayton said.

/9274
CSO: 5420/40

WITHHELD REPORT SAID TO LINK LAKE WASTE TO DISEASE

Toronto THE GLOBE AND MAIL in English 31 Jul 87 pp A1, A9

[Article by Michael Keating]

[Text]

For more than a year, the federal Environment Department has been sitting on a report that suggests pollution is increasing cancer, birth defects and other diseases among people living around the Great Lakes.

"The department appears frightened to come out and say we have serious problems that will affect thousands of people in the Great Lakes basin," one environment expert said.

Environment Canada has become "reactionary and conservative," Donald Gamble, executive director of the Rawson Academy of Aquatic Science, added in a recent interview.

He said the handling of the report will be a signal to scientists on how willing the Government is to deal with the touchy issue of pollution and health.

An Environment Canada spokesman in Toronto said on Wednesday that there are internal orders to get the report published "as early as possible this fall."

The case is the latest in a series of incidents in which attempts by Environment Canada employees to link chemicals to human health have been discouraged or withheld for months by federal environment and health officials.

The latest report, Toxic Chemicals in the Great Lakes Ecosystem, draws the same inferences that dozens of other environment ex-

perts have made: pollution appears to be harming people.

It was written by Tom Muir, an economist, and Anne Sudar, a sociologist, both Environment Canada employees based at the Canada Centre for Inland Waters in Burlington, Ont.

Their report tackles one of the hottest issues in environmental science — the effects of low levels of pollution on human health. It also stirs up controversy within the Government by dealing in detail with human health, an area jealously guarded by the Department of Health and Welfare, Government scientists say.

In the past, Environment Canada has generally avoided confrontation with the bigger department by limiting its reports to lists of toxic contaminants in air, water and wildlife and leaving it to other people to draw inferences for human health.

When environment officials tried to publish a report in 1985, saying toxic fallout was getting into the food chain, the study, *Storm Warning*, was withheld from the public for more than a year.

By the time the slim document was released last November, its original claim that scientists have "a fairly good idea" what chemicals are doing to human health was changed to one saying that "they are uncertain of the effects these substances have on human health."

The Muir-Sudar analysis of known pollution effects on wildlife

and threats to humans was supposed to be presented at an international scientific conference in Toronto in May, 1986, but was deleted from the agenda at the last minute.

This led former Environment Canada scientist Douglas Hallett to tell the conference that Canada was heading into "a dark age of information." Dr. Hallett charged Ottawa bureaucrats with trying to reduce the amount of bad news about pollution given to the public.

Dr. Hallett had just quit the department after a series of public fights with his employers about his attempts to publicize information about the hazards of pollution.

Scientists said that in the case of Storm Warning and the Muir-Sudar report officials of the Department of Health and Welfare were responsible for at least some of the delays, but that Environment Canada was reluctant to defend its own research on pollution and health from challenges from the other department.

After the Muir-Sudar report was removed from the Great Lakes conference, it bounced around within Environment Canada for almost a year and no one appeared willing to take on the job of preparing it for publication, department officials said recently.

In the spring, senior Environment Canada officials appointed an 11-member scientific review committee to deal with the report.

The committee called for a revision of the 100-page document to make it clearer and eliminate claims that could not be clearly defended based on scientific information.

The committee has also recommended the department follow up with more detailed work in this area.

"We are not drawing conclusions, but we are pointing out associations," Mr. Muir said in a recent interview. "If the pollution causes problems with fish, whales, birds and other life forms, is that not telling us something?"

The bulk of the Muir-Sudar study is a compilation of years of research by many scientists into pollution-related deaths and illness in Great Lakes wildlife.

They cite a wide range of problems from reproductive failure and deformities in birds to cancer in fish and beluga whales in the lower St. Lawrence River.

The authors say that, given the state of medical knowledge, it is nearly impossible to prove exactly how the generally lower pollution levels that reach humans affect health.

But they present an array of studies that show people in the Great Lakes basin face a heavy pollution dose and seem to have higher than average levels of a number of diseases, including cancer and reproductive problems.

/9274
CSO: 5420/40

TOXOPLASMOSIS RESEARCH SUMMARIZED

Bratislava PRAVDA in Slovak 24 Jul 87 p 4

[Article by Luba Pajtinkova: "The Cat, a Dangerous Plaything"]

[Text] The Parasitological Institute of Comenius University in Bratislava, the first Czechoslovak parasitological work center at a medical school, is currently celebrating its 30th anniversary. Since its inception it has been scientifically oriented toward protozoan parasitic diseases, primarily toxoplasmosis, urogenital trichomoniasis, pneumo-cystosis and intestinal infections caused by parasitic protozoans and worms. These concepts do not mean much to an uninterested person. But hidden behind them are problems which can taint the lives of a relatively large portion of the population. Therefore, the institute initiated a fight against human parasitism and its early and correct diagnosis, treatment, finding those afflicted with it and effective prevention.

The first vice-chancellor of Comenius University, MUDr Gustav Catar, DrSc, corresponding member of the SAV [Slovak Academy of Sciences], began at the institute and founded the Slovak parasitological school now recognized also abroad. This noted representative of our science, world renowned in the field of medical parasitology, who recently turned 60, has devoted almost 3 decades to scientific research, largely to problems of toxoplasmosis which was generally unknown to scientists and physicians at the beginning of the 1960's. In spite of the great strides that medicine has made since then, including toxoplasmosis research, it cannot be said that we have come to terms with this problem. On the contrary, it has become more pressing, particularly with the spread of the sickness in the human population.

"Our institute is the center of reference for toxoplasmosis in the SSR," said Prof Catar, "and it is perhaps the most important project that we are working on. It is primarily for the sake of a healthy development of the population because this sickness is dangerous since it can cause defects in development and other injury to the newborn or death of the fetus before birth. This occurs when the source of the infection, the parasite *Toxoplasma gondii*, multiplies in a newly infected pregnant woman and penetrates through the placenta into the fetus. Congenital toxoplasmosis may appear in a child even several months or years after birth, most often psychic retardation, epileptic seizures, eye defects or reduced

resistance to other infections. At the same time, the infection may run through a pregnant woman without any symptoms. However, fewer and fewer cases of congenital toxoplasmosis are occurring which is the result of prevention and of our health care for pregnant women whom we observe from early pregnancy followed by appropriate treatment."

Toxoplasmic infection, which about one-third of our population has (mostly without any external symptoms), plays an important role, along with gynecology, obstetrics and pediatrics, in virtually all medical clinics. "Toxoplasmosis is most often acquired during life generally in its ganglionic form," continued Professor Catar, "resulting in swelling of lymphatic ganglions, often preceded by fever, overall weakness and a kind of flu. Sometimes the doctor assumes it is most likely a virus or cancer and only after their exclusion, toxoplasmosis. In examining these cases we lack comprehensiveness. I noted, for instance, that in Spain there is cooperation on a high level among virologists, bacteriologists and physicians in examining mothers-to-be. There they test for several serious diseases that might threaten the fetus (rubella, listeriosis, toxoplasmosis) from one blood sample. It is done that way also in England, Holland and other countries."

In 1985 over 31,000 patients were examined for toxoplasmosis in Slovakia. Of these, more than 12,000 had positive infections whereas at the time only 266 cases of the sickness were reported. These figures show significant deficiencies in the reporting service for toxoplasmic sickness. It most often occurs in the 24-35 year age group, especially women. More than half the cases in 1985 consisted of the ganglionic form of the disease. Almost 50 percent of the patients had previously been in contact with domestic cats which definitely harbor parasites which multiply sexually in their small intestines. Toxoplasma can also multiply asexually in the organisms of other mammals and birds or even in the human body. Besides cats, other domestic animals often infected are sheep, rabbits, dogs and hogs.

Humans can acquire this illness by contact with an infected animal or by consuming raw or undercooked meat, or even eggs. At present there is no way of preventing this disease by vaccination. So the best prevention is to observe the principles of hygiene and diet and avoid contacts with cats in particular. If a person becomes infected there is no question that early diagnosis and adequate treatment are important, not only for the patient but for all of society, especially pregnant women. For that reason the immunochemical and immunobiological department of the institute, headed by Eng Rudolf Nemec, CSc, which is concerned with toxoplasmosis diagnosis using the most modern ELISA method (that is, enzymoimmunoanalysis), established in February of last year an expediter team together with the contagious disease department of the Topolcany OUNZ [district public health institute] which does research on the transmission of toxoplasmosis from the mother to the new-born child.

"The goal of our research is to draw up, on the basis of our findings, a plan for measures to be taken throughout Slovakia in order to limit the

harmful effects of toxoplasmic infection to a minimum," said Eng Nemec. "We did not select Topolcany for cooperation only because the largest number of cases of illness in the kraj were recently reported there—which, by the way, need not indicate the highest incidence but rather conscientious reporting by doctors—but especially because, from requests for tests of blood serum from this district, it was evident that the physicians were concerned about the problem. They always carefully cited their reasons or symptoms and were willing to cooperate further. Now we are focusing especially on monitoring occurrences of toxoplasmosis in pregnant women during their pregnancy and in the newborn after 6 weeks of life, observing the immunological response of patients after specific treatment and also on workers, especially female workers who may become infected on the job, for example, while working in the meat processing industry and poultry enterprises. However, we are not testing blood serum by the ELISA method only from Topolcany but if necessary also from all over Slovakia, although testing is currently done by district and kraj microbiological laboratories. Our efforts are often thwarted and complicated by seemingly minor things, such as packing and forwarding samples of blood serum from the more distant hospitals. There is no uniform container for shipping them and so sometimes the samples arrive broken or spilled and the shipping label is ruined. The container should protect the serum from temperature changes too. It seems to me that it should be no problem to produce the necessary containers from polystyrene or plastic waste."

Another laboratory problem is a shortage of equipment for the ELISA tests (they are very sensitive), which is produced by the Institute for Serum and Innoculation Material, o.p., Prague. Of no small interest is the fact that if a single laboratory technician were added to the ELISA testing staff this center, with its very fine equipment, could test substantially more patients from all over Slovakia which would surely result in identifying more cases and in more accurate diagnoses.

In the past 30 years the Parasitological Institute of Comenius University in Bratislava has made more than one discovery in the field of toxoplasmosis and in several cases was actually first in the world. For example, its workers isolated toxoplasma in beef cattle and were the first to describe toxoplasma parasitizing in birds and in chicken embryos. They succeeded in mapping the current epidemiological situation in Slovakia affecting people and animals. They identified reservoir animals which are dangerous to man (several dozen classes of toxoplasmosis were isolated by Professor Catar from birds and rodents in the Bratislava medical garden). This is a noteworthy feat for the 16 institute employees who are also working on other problems.

Toxoplasmosis is at present a serious worldwide health problem. (For example, in France 80 percent of the population is infected.) This infection, extremely widespread among domestic and wild mammals and birds, can persist without external symptoms in the form of cysts in various organs of humans for their entire lifetime. In the meantime, scientists do not have adequate information about the consequences of this indication

and do not even know the causes that activate the illness. So it is very important to devote extra attention to prevention, early diagnosis, treatment and research. What if, to Czechoslovakia's preeminence in this field, were added the discovery of a drug acting on the hitherto resistant form of the parasite, or even a vaccine? "This is our mission, to promote the health of the people," said Professor Catar in conclusion.

8491/9190
CSO: 5400/3027

RECENT AIDS DEVELOPMENTS

Suspects in Data Bank

Munich SUEDDEUTSCHE ZEITUNG in German 23 Jul 87 p 25

[Text] According to Interior Minister August Lang, the INPOL police computer system currently records some 50 people infected with AIDS. The entries bear the notation "threat of infection--caution regarding blood contacts." On Wednesday last, in the course of question time in the provincial assembly, the minister informed SPD deputy Klaudia Martini (Neu-Ulm) that this notation is added to the data on persons already recorded for other reasons, whenever there are any signs or suspicion of AIDS infection. Lang justified the measure by citing the need for "care and protection of the police officers dealing with such persons." Answering the SPD deputy's question about data protection, the minister noted that the information is passed on in individual relevant cases only to judicial or administrative authorities, for example in the case of prisoner transports, arrests or "changes in the location" of prostitutes.

Klaudia Martin sharply criticized Lang's statements: "This is not a legal basis, merely a justification for otherwise illegal and punishable behavior: Passing on knowledge about AIDS sufferers--normally subject to medical discretion--, and storing it in the police computer. The SPD deputy also thought that Lang had omitted to say whether the Bavarian official responsible for data protection had examined the admissibility of the storage of AIDS data.

AIDS Measures Criticized

Frankfurt/Main FRANKFURTER ALLGEMEINE in German 14 Jul 87 p 2

[Text] Criticism continues of the extent of AIDS measures adopted by the Bavarian Land government. Monday last the Bavarian Union of Civil Servants called for suspension of the "preemptive Bavarian regulation" until federation-wide standardization is achieved. The FDP Land Party Congress in Regensburg condemned the decisions as "totally exaggerated"; they endanger the free constitutional state. Following a meeting with State Secretary Gauweiler, the Civil Service Union stressed the need for procedures to be coordinated by Federal and Laender authorities "even with respect to issue of little

significance in terms of civil service rights." It is therefore necessary "to await the decisionmaking process at federal level."

Children Need Help

Munich SUEDDEUTSCHE ZEITUNG in German 11/12 Jul 87 p 24

[Text] They are outcasts although they have not committed any offense: Children suffering from AIDS in the Federal Republic. In contrast to children ill with cancer, the public at large hardly noticed them even a short while ago. Franz Moedl, second chairman of the Bavarian AIDS Foundation, says "we must talk fast and a lot in order to get donations in a pedestrian mall. It almost seems as if people were afraid of contracting AIDS by donating."

It is just as hard to find foster families for children with AIDS. This is by no means due to a lack of families--with or without their own children--to help out. Objections and difficulties are raised mainly by the Bavarian authorities. They are afraid of possible infections of family members. Quite unnecessary fears according to Prof Bernd Belohradsky from the Hauner Children's Hospital in Munich. He virtually excludes any possibility of infection. In all medical literature only one case has so far been recorded, and even that is not quite certain.

Difficult Psychological Care

Other than in Berlin where several families have welcomed children with AIDS, only one foster family now exists in Bavaria. In Munich last Friday, Moedl appealed to the Bavarian public and asked "whether some family here or there would welcome such a child." At the same time he called on the Land government and local councils to give backing to such families. To set an example, he handed Belohradsky a check for DM1,000 to go to the sole Bavarian foster family. Still, the financial aspect is only one of the problems. Psychological care is far more difficult. "The beginnings were exceedingly difficult, not with the children but with the adults," Belohradsky says. This goes so far that he is often asked not to report to the family physician--for fear that the child's illness might become common knowledge. However, in such a case a personal talk with the neighbors and the mayor often helps. The AIDS foundation will be looking for two or three foster families in Bavaria in the coming months. Moedl rejected the suggestion of putting the sick children into homes.

The Hauner Children's Hospital and the Children's Hospital in Munich are currently treating more than 60 children and adolescents with AIDS. Forty were infected by life saving blood transfusions in 1979-1985. Another 20 children were born with AIDS. Some 130 such cases have been recorded in the Federal Republic as a whole. In order to preventatively reinforce the immune defenses of the children, they are injected with antibodies against possible infections every 3-4 weeks. Normally the children come to the outpatient departments. However, if need be, the physicians drive to the family home. Five or six patients a day are treated in Munich--according to Belohradsky this represents a serious additional hardship for the personnel,

because normal operations must also continue. Citing the situation in New York, he is calling for more personnel to look after children with AIDS. In New York 60 people look after about 200 children. Only four physicians are available for 60 children in Munich, and not even they can devote themselves to these children exclusively.

With the assistance of the Federal Health Ministry, the university children's hospitals in Munich, Duesseldorf, Berlin, Hamburg, Heidelberg and Frankfurt have now joined forces to be able to provide better treatment to children with AIDS. They will also utilize the experiences gained by the foster families in Berlin.

Bavaria Imposes AIDS Measures

DW200600 Hamburg ARD Television Network in German 1800 GMT 19 May 87

[Announcer-read report--DW]

[Text] Bavaria went it alone today and took far-reaching steps on AIDS. The Munich government decided on a catalogue of measures that are supposed to prevent the fatal disease from becoming epidemic or being imported. The measures primarily affect prostitutes and drug addicts. In Bavaria, they will be classified as suspected of being infected--effective immediately. They must use condoms during sexual intercourse and are obliged to permit AIDS examinations at regular intervals. Those infected who do not meet with the authorities' directives can even be isolated in hospitals or therapeutic clinics. In the future, candidates for the public service and foreigners--if they do not come from Western European countries and if they apply for a residence permit--must undergo an AIDS test.

Political Reaction Divided

Frankfurt/Main FRANKFURTER ALLGEMEINE in German 21 May 87 pp 1-2

[Article by "ban": "Bavarian AIDS Move Opposed by Federal Government, Laender--'Will Lead to Dead End'--Migration by AIDS Sufferers Feared--'Gauweiler Poses Health Risk'"]

[Text] Bonn, 20 May--The decisions taken by the Bavarian government to combat the spread of AIDS were sharply criticized by leading members of the coalition and the opposition in Bonn today. Among other things, the list of measures calls for AIDS testing for applicants for the Bavarian civil service and for non-West Europeans requesting a residence permit as well as obligatory examinations for prostitutes and "sequestration" for infected individuals who are "patently refractory." FRG Minister of Health [Rita] Suessmuth stated her opposition to the Bavarian measures before the health committee of the Bundestag. The measures, she said, are causing fear among those suffering from AIDS instead of strengthening them in their resolve to seek advice. "Fear and coercive measures," she said, "prepare the way for sequestration and discrimination." The sexual behavior of human beings cannot be controlled effectively. Suessmuth voiced concern about the fact that the Bavarian

measures will lead fewer people to undergo AIDS anonymous testing-- which could foster a sense of false security with potential deadly results.

The CDU/CSU fraction's health policy spokesman Hoffacker [CDU] told this newspaper that he felt unable to support the Bavarian list of measures because it fails "to address the real issues." The important thing is to inform the public and not to resort to "police-type coercive measures." Hoffacker called "sequestration" for suspected AIDS sufferers a "doubtful procedure." He asked what would happen to civil service applicants who tested positive for AIDS. Both the FDP and the ministry of health stated that the Bavarian decisions run counter to the coalition agreement. FDP general secretary Haussmann called them a clear violation of agreements between the coalition partners and announced that the FDP would not sit idly by while AIDS hysteria was heightened by "Bavaria's going it alone." FDP domestic policy spokesman Hirsch said that this was a case of "fear taking precedence over reason." Both Hirsch and Hoffacker pointed out that there is no way of forcing people to make use of condoms. The foreign ministry voiced its regret over the fact that foreign nationals from different parts of the world would be subjected to different treatment.

The Bonn cabinet has set up a task force whose primary job it will be to establish uniform rules for hiring civil servants. In commenting on the position of the Bonn government that Bavaria has violated the existing consensus, government spokesman [Friedhelm] Ost said that the commission is to draw up the appropriate proposals.

Ost recalled that the coalition partners had agreed on a "coordinated and concentrated" effort to combat AIDS. Ost said that the Bonn cabinet did not hold any discussions about the Bavarian measures. According to Bonn sources, the Bavarian government did not coordinate its AIDS package with the federal government. Spokesman Butz of the interior ministry said that the question of testing civil service applicants for AIDS should be looked into "without any reservations." The defense ministry spokesman pointed out that Bundeswehr regulations solely call for voluntary AIDS testing and that obligatory testing takes place only in the case of blood donors, adding that he knows of no plans by Defense Minister [Manfred] Woerner to make any changes. The health ministry announced that Ms Suessmuth reached agreement 2 weeks ago with representatives of management, labor and the health insurance services that AIDS tests should not be part of job hiring procedures. Civil Servants Union chairman Wulff-Mathies voiced his opposition to the Bavarian measures, calling them a violation of human dignity.

Berlin Senator for Health Fink [CDU] feels that "Bavaria cannot serve as a model on this issue." Fink recalled that the plan was already discussed at the conference of Laender health ministers last March. "We agreed with the federal government that these measures will not help to halt the spread of AIDS," Fink said. "Bavaria was all alone in this respect." It is well known, he added, that "there is no way for the government to control and verify any of this and that we therefore have to rely on and aim for people protecting themselves. We must not give them a false sense of security." Fink called for more information on the disease. In Berlin, he said, this has helped reduce the number of cases of reportable venereal disease and the sexual habits of young

people has undergone some change. "The penalty for non-compliance with the Bavarian regulations is a fine or a prison term," he said, "while those who pay no heed to calls for information are faced with certain death." Fink also said that he is afraid that the other Laender will have to bear the cost of the Bavarian measures in that those suffering from AIDS will leave Bavaria as a consequence of the new regulations. Fink believes that the Bavarian measures will help rather than hinder the spread of AIDS.

The current chairman of the conference of Laender health ministers, Schnipkowitz [CDU] of Lower Saxony, said that Bavaria is "going it alone" and called the measures a "dead-end road." The need, he said, is not for a show of strength but for a sense of proportion and a sound instinct. The Bavarian solution creates a "false sense of security" because it cannot be controlled or implemented. Schnipkowitz said that the conference of health ministers has come out against obligatory registration by name and against AIDS tests for applicants for civil service positions. At a meeting in Berlin, the representatives of the health ministers agreed to hold to their earlier position established in March. The senior FDP member of the Bundestag committee on youth, health and family issues, Eimer, called for anti-discriminatory legislation in case management makes AIDS testing a condition for employment.

Deputy SPD fraction chairperson Renate Schmidt said that AIDS testing for civil service applicants "violates the constitution" and that Gauweiler is becoming a "health risk." SPD deputy Grossmann called on the government to take a clear stand, asking whether the CSU ministers in the cabinet were now about to make the Bavarian list of regulations a part of government policy. The chairperson of the health subcommittee, Wilms-Kegel [Greens], said that Bavaria was "introducing persecution methods which are generally encountered only in dictatorships."

Editorial Advises Cautious Approach

Frankfurt/Main FRANKFUTER ALLGEMEINE in German 21 May 87 p 12

[Editorial by "G.H.": "Enlightened Bavarians"]

[Text] The most serious objection raised against the Bavarian government's anti-AIDS regulations is that they lull those not infected with the virus into a false sense of security. This is the position taken by Health Minister Suessmuth and others. At the same time, these very same people maintain that information alone will do the trick. But since Ms Suessmuth is not likely to leave all of Bavaria out of her DM 50 million campaign, the Bavarian population will be informed about the risks in an "adequate manner"--or perhaps not? But the Munich decision presents the public with additional measures which will make people sit up and listen in fear. How dangerous must this disease be if "those on top" resort to such drastic measures? The FDP call for anti-discriminatory legislation is self-contradictory. Such legislation will be effective only if the names of those to be protected are known. Until now, however, the basic maxim of all AIDS policies was anonymity. Under the circumstances, the legislation could merely help protect assets--which would apply to all sick people and not just those suffering from AIDS.

Self-Transfusions Gain Favor

Frankfurt/Main FRANKFURTER ALLGEMEINE in German 21 May 87 p 9

[Article: "More Self-Transfusions Because of AIDS--'Only If in Generally Good Health'"]

[Text] Muenster, 20 May (dpa)--Interest in self-transfusions has increased dramatically because of the fear of AIDS. But such transfusions are indicated only in case the patient is in generally good health, Prof Norbert Mueller, the director of the Institute for Transfusion Medicine of the Muenster University Clinic, said at today's opening meeting of a medical congress scheduled to last several days.

Self-transfusion involves the collection of the patient's own blood over a period of weeks prior to its use during an operation. Mueller said that a one-time blood donation by the patient on the day before such an operation will not suffice. Although blood donations must therefore be ruled out in the case of emergency operations, Mueller said, they are definitely useful in the case of surgical procedures scheduled for some later date. Since the start of this year, Mueller added, self-donations of blood have been on the rise in the case of orthopedic and gynecological operations as well as dental surgery.

Sharp Increase in Cases Reported

Frankfurt/Main FRANKFURTER RUNDSCHAU in German 2 May 87 p 11

[Article by "fwt": "Number of Aids Cases Continues to Rise Rapidly"]

[Text] During the month of April, the number of AIDS cases reported in the FRG including West Berlin climbed to more than 1,000. This information is contained in the most recent statistical report prepared by the Robert Koch Institute of the Federal Health Administration [BGA] in Berlin. As of 31 March, the institute reported 999 cases of AIDS as well as evidence that the disease continues to spread. By the same date, 467 persons had died of AIDS.

In a lecture dealing with the epidemiology of AIDS and the spread of the AIDS virus, Prof Johanna L'age-Stehr, a staff member of the BGA, pointed out in early March that the number of AIDS cases in the FRG is currently increasing by 100 percent every 9 and 1/2 months. According to incomplete data, 237 new cases (including 62 known deaths) were reported during the second half of 1986. The comparable figures for the first half of 1986 were 197 cases of AIDS, including 95 deaths.

As of 27 February, 904 of the 959 AIDS patients were men and 55 were women. The largest group of individuals at risk, i.e. 76 percent, was made up of 730 homosexual or bisexual men, followed by drug addicts, hemophiliacs, heterosexual partners of members of the risk groups and recipients of blood transfusions. Seven male and five female children under 13 years of age of parents belonging to one of the risk groups made up the smallest group of patients, i.e. 1.3 percent.

9476
CSO: 5400/2476

MELANOMA ON RISE WORLDWIDE

Frankfurt/Main FRANKFURTER RUNDSCHAU in German 30 May 87 p 11

[DPA Article: "Malignant Skin Cancer on Rise Worldwide"]

[Text] Dermatologists are concerned with the increase of malignant melanoma, a cancerous tumor of the skin, which is on the rise all over the world. If one to two cases occurred per 100,000 inhabitants each year in Germany prior to World War II, the number in the FRG is now eight-ten cases, and as high as 35 cases per 100,000 in Australia. These figures were cited at the 17th World Congress for Dermatology in Berlin.

Physicians agree that sunburn in one's "young years," i.e. between the ages of 5 and 25, represents an important risk factor in this particular kind of skin cancer. Those most in danger are light-skinned, blue-eyed office workers and city dwellers, who briefly expose themselves on their vacations to strong sunlight and get sunburned. The inherited tendency to moles and liver spots also plays a role in the onset of the disease.

Since a melanoma which is not detected at an early stage is usually incurable and fatal, early detection is the critical key. A specialist should be called in when a mole is asymmetrical, when its edges are "fringed," its color is irregular and it is larger than 6 millimeters in diameter.

12792
CSO: 5400/2483

HEMOPHILIAC AIDS PATIENTS POSE INSURANCE PROBLEMS

Frankfurt/Main FRANKFUTER ALLGEMEINE in German 19 Jun 87 p 3

[Article by R.F. "Some 2000 Hemophiliacs Infected with HIV"]

[Text] In the FRG, about 2,000 hemophiliacs are infected with the pathogen HIV, the human immune deficiency virus, which is responsible for AIDS, a disease that strikes the immune system. At least 66 hemophiliacs already have the AIDS disease. They became infected through infected blood preparations, which they required for treatment of their coagulation disorders (hemophilia). The hemophiliacs have therefore sued for damages. These damage claims are evoking a heated discussion at the present time, since government regulations are incomplete in this regard. Drug manufacturers and insurance companies which issue liability policies declared at the end of March that they were prepared to settle in an unbureaucratic manner all "justified" compensation claims arising from the plasma-protein preparations, the so-called coagulation factors, which were infected with AIDS. As of the present, however, only a few applications have been received at the Hamburg office established by the insurance companies to coordinate the claims. This reticence may be linked to the fact that most of the persons affected seek, in addition to the compensation for pecuniary losses provided for under the drug law, also payments for immaterial damage--DM 100,000 for a person infected with HIV and DM 200,000 for someone who already has the AIDS disease. Insurance companies and drug manufacturers would evidently be willing to assume payments of this type, if the other participants--first and foremost the health insurance plans--would dispense with the reimbursement of their (pre-) payments. These include above all the expenditures for medical treatment, but also maintenance and retirement benefits. The position of the health insurers remains unclear. For example, the "Bundesverband der Ortskrankenkassen" (Federal Association of Local Branches of the Federal Health Insurance System), the largest organization responsible for statutory health insurance in the FRG, stated to the federal minister for labor that it insisted upon "repayment" of the accruing costs of treatment, which amount to about DM 400 million. The Association indicated to the drug manufacturers that it did not intend to participate in an across-the-board solution. Since it could take years before the legal questions related to compensation of the hemophiliacs are settled, such an extra-judicial ruling would certainly be advantageous.

12792
CSO:5400/2483

FINLAND

HUMAN

FIRST VICTORY IN AIDS FIGHT: FEWER INFECTED THAN PREDICTED

Helsinki HUVUDSTADSBLADET in Swedish 1 Aug 87 p 1

[Unattributed Article]

[Text] Fewer Finns than expected have been infected by the HIV virus or become ill with AIDS during the early part of this year. In the most recent period, only three persons per month have been infected with the virus, as compared with seven or eight earlier. This encouraging news was given by acting Chief Physician Jorma Tikkannen of the Medical Administration.

He warns, however, that the situation can be altered again before this year has finished. By then the effects from freer sexual contacts of the vacation period will have been ascertained. The incubation period for the HIV virus is normally between 2 and 4 months.

In any case, Tikkannen is happy over the declining trend. He said that the Finns have shown ever increasing readiness to be tested at the public health centers.

"The declining trend for infection appears good, and it can be only hoped that it will turn out that there are fewer carriers of the infection in Finland than has been feared," he asserted.

If the decline trend is confirmed, it is possible that there are only around 750 persons with the HIV virus in Finland. Until now, a number of between 750 and 1,800 has been calculated. Being infected with HIV does not mean that the person in question would immediately become ill with the immunity-robbing AIDS, but that he or she is a carrier of the infection, and accordingly can infect others.

The greatest proportion of HIV testing in Finland, over 400,000 Tests, has been done at Red cross blood-service offices. Neither there or in the tests of pregnant mothers tested at the Maternity Counseling Centers was there found a single positive test result this year.

/12232
CSO: 5400/2501

FINLAND

HUMAN

MEDICAL OFFICIAL PREDICTS DROP IN AIDS CASES

Four Hundred Thousand Tested

Helsinki HELSINGIN SANOMAT in Finnish 1 Aug 87 p 7

[Text] Fewer new cases of AIDS and HIV infections than expected have been discovered in Finland during the beginning of the year. Acting chief physician Jorma Tikkainen of the National Board of Health says that during recent months the number of infections arising has been three instead of the seven to eight recorded in earlier months. "Of course, the situation may be different," says Tikkainen, "at the end of the year, when incidents from the vacation period will germinate. The incubation time is 2 to 4 months."

According to Tikkainen, Finns are going more and more frequently to the health centers for testing. "The decreasing number of infections is encouraging, and one can only hope that there would not be as many carriers of the disease in Finland as one had expected. It has been estimated that there are 750-1,800 carriers. If the present signs are accurate, the number of carriers should remain near 750."

400,000 Finns Have Taken the AIDS Test

Altogether, over 400,000 HIV tests have been administered up till now. A majority of them have been performed at the blood donating centers of the Finnish Red Cross. Some 30,000 people have gone for testing at health centers, 5,000 in maternity centers including the Helsinki region, and over 1,000 at the Helsinki AIDS Support Center. Hundreds of people have visited other support centers in Turku, Tampere, Kuopio and Oulu.

In over a year, not one positive sample has come up in the tests given at the blood service centers nor at the maternity centers.

Juhani Lahdevirta, chief physician of the Aurora hospital, has estimated that about 20,000 HIV blood tests will be done in Aurora this year. In addition, the National Health Institute, where samples from health centers are sent, may for its part also collect and test over 50,000 blood samples. Prof Kari Cantell of the National Health Institute reminds us that universities and private laboratories are also taking and testing samples

Presently, in Finland, there are about 170 persons infected with HIV. Some 19 persons have fallen ill with AIDS, 12 of whom have died in Finland, besides 2 foreigners who may have died in their home countries. Aurora hospital cares for 3 out of 5 living AIDS patients in Finland. The central hospitals of the Turku and Tampere universities each have one AIDS patient.

National AIDS Related Council Established

Helsinki HELSINGIN SANOMAT in Finnish 6 Jun 87 p 13

[Text] The National Board of Health is establishing a big national council which will be studying the effects of AIDS on society. It is planning its first meeting for the beginning of August.

The council will be composed of members from parliamentary groups, labor organizations, health care organizations, the Academy of Finland, the Central Federation of Insurance Companies, the Central Federation of Student Unions, the Armed Forces, the Police Union, the Union of Journalists, the Broadcasting Corporation and the church.

SETA, Sexual Equality, a registered association, has expressed surprise at not being invited to participate in the council. It does already have a representative in the AIDS follow-up group of the National Board of Health, where most of the representatives are medical experts in the field.

13368/12223
CSO: 5400/2496

CONDITIONS IN HONG KONG HOSPITAL DEEMED 'SERIOUS'

Hong Kong SOUTH CHINA MORNING POST in English 1 Aug 87 p 1

[Article by Barry Grindrod]

[Text]

THERE is only one word to describe the condition of Hongkong's ailing Government and subvented hospitals and that is, to use their own terminology, serious.

Whichever way you look, temperatures are running high.

Consultant surgeon Dr David Fang, for example, says ward rounds leave him depressed.

Consultant anaesthetist Dr Michael Moles, no stranger in the past to hospitals in such war-torn hell-holes as Beirut, says conditions in Hongkong are the worst he has ever seen.

"They are like something out of the Crimean War," he says.

Step out of the lift on the third floor of Queen Mary Hospital in Pokfulam and step back into time.

Sorry-looking male patients lie end-to-end along the corridor on camp beds, a painful overflow from the main surgical ward where patients are packed so tight there is not even room to put screens round a bed, let alone room for life-saving resuscitation equipment.

The threat of cross infection is high.

During visiting hours conditions are nothing short of chaotic.

Queen Mary is not alone, nor is it the worst.

A survey conducted by the Government Association of Nursing Staff at Queen Elizabeth Hospital revealed that at times a ward originally designed for 31 beds 25 years ago was squeezing in over 100 beds.

Not that Government statistics would reveal that.

A spokesman confirmed that camp beds were not included in statistics even though the 1340-bed Princess Margaret Hospital averages, he claimed, a quite remarkable 153 camp beds a day in its wards, more than 10 per cent of its total beds, while Queen Elizabeth averages 104 and Queen Mary 80.

There are doctors who privately question the accuracy of the figures, claiming they are much too low.

The Government hospitals are not the only ones feeling the squeeze.

The subvented hospitals, like the United Christian in Kowloon, where even the day rooms have been turned into makeshift wards, are suffering.

The pressure on staff is immense. "Yes, it is possible that lives have been lost because of this pressure. We have got to admit it," said the chairman of the Association of Government Nursing Staff, Mr Michael Ho.

Probably nowhere is that pressure greater than in the accident and emergency department (A and E) where daily life and death decisions have to be made in as little as 15 minutes, says consultant Dr C.K. Lau.

That is the most time they can devote to a patient, given the size of the staff and the invariable flood of so-called emergencies, 400 a day on average at Queen Mary. These can range from road accidents and gang fights, to cut fingers and sniffles.

However, this is small stuff compared to the Queen Elizabeth which averages 700 visitors a day to the A and E department. And the Princess Margaret also tops the 500 mark.

"The work load is so close to disaster level that there is hardly need to train for one," said one doctor who distrusted conditions so much that when he needed knee surgery some time ago he returned to the UK for treatment.

Over recent weeks the *South China Morning Post* has interviewed people from all walks of hospital life - all, to put it mildly, believe there is considerable room for improvement.

On Page 2 we let them speak for themselves.

Wah Kit-ying, one of three senior nursing officers at the subvented United Christian Hospital: "Lives are at risk, make no mistake about it."

Dr David Fung, orthopaedic surgeon at Queen Mary Hospital, professor at the Hongkong University, member of the Hongkong Medical Association: "Doctors who stay long enough to collect their pension are few and far between."

Michael Ho, a nurse and chairman of the 9,000-strong Association of Government Nursing Staff: "We need more front line manpower. The establishment figures bear no relation to actual needs, they have always been too low."

Dr C.K. Lai, doctor in accident and emergency unit at Queen Mary: "Our staff are working like dogs from the minute they start work to the minute they finish."

Michael Moles, head of the anaesthetic unit of the dental department at the Hongkong University: "Medical strategic planning in Hongkong is 15 years out of date."

Iry Chis Wing Mai, nurse, midwife at United Christian Hospital: "What do I do in my spare time? Sleep!"

/9317
CSO: 5450/0202

BRIEFS

NO AIDS COVERAGE--Medical insurance companies will not cover costs incurred by AIDS victims. Their decision could mean that the Government will be forced to pick up hospital bills which could run up to millions of dollars. The chairman of the Medical Insurance Association of Hongkong, Mr Derek Booth, told the South China Morning Post "Medical insurance is meant to help people get better. "It's not for terminal illnesses and, unfortunately, AIDS appears to be terminal." Mr Booth said the association has no set policy on payments for AIDS patients, but he did not know of an insurance company in Hongkong that would pay medical fees for an AIDS (acquired immune deficiency syndrome) patient. [Excerpt] [Hong Kong SOUTH CHINA MORNING POST in English 27 Jul 87 p 3] /9317

ENCEPHALITIS WARNING--A doctor yesterday urged frequent travelers to rural areas to be vaccinated against the disease Japanese encephalitis--a potential killer. It is spread by mosquitoes that breed in the rice fields, and is common in China and Southeast Asia, according to the doctor, who asked not to be named. People bitten by such mosquitoes sometimes only developed fever and mild flu-like symptoms. But in serious cases the victim gradually lost consciousness, fell into a coma and eventually died, the doctor said. He said 26,000 reported cases occurred in southern China in 1985. In Hongkong, 19 cases had been recorded in the past nine years, though none of the patients had died from the disease. The doctor said it was advisable to be vaccinated against the disease. He also said there seemed to be a "re-introduction" of malaria into Hongkong as the number of cases had been on the rise. There were 30 local cases in 1983 compared with only one in 1979. The number of imported cases shot up to 95 in 1983 from 39 in 1979. But the doctor said it was unlikely that there would be an outbreak of malaria because of Government vigilance. [Text] [Hong Kong HONGKONG STANDARD in English 25 Jul 87 p 5] /9317

CSO: 5450/0203

BRIEFS

KALA-AZAR DEATHS--Samastipur (Bihar), 2 Aug (PTI)--At least 15 persons have so far died of kalaazar in Bihar's Samastipur district during the last three months due to non-availability of an essential drug "Lomodin" in the market, according to Dr N. L. Jha, district civil assistant surgeon. Mr Jha said here today that the epidemic had spread in a virulent form in different parts of the district. The worst affected blocks were Marisnagar, Rosera and Hasanpur. [Text] [Calcutta THE TELEGRAPH in English 3 Aug 87 p 5] /9274

AIDS-INFECTED PROSTITUTES--Madras, 23 Jul (UNI)--Nearly ten women prostitutes found to be infected with the AIDS virus have left the government vigilance home here after serving their imprisonments. Government officials connected with AIDS surveillance say the women might have gone back to their old profession and infecting other people. Law enforcement agencies point out that there is no law under which AIDS-infected prostitutes can be confined to a vigilance home beyond the period awarded by a court for soliciting customers. They say the police can detain a person only under the Goondas Act, the COFEPOSA, the anti-terrorist Act; those suffering from AIDS were beyond the purview of police. The departure from vigilance homes of the AIDS-infected prostitutes has given a new dimension to the prevalence of the dreaded killer disease, acquired immune deficiency syndrome (AIDS). Although none of the prostitutes were found to have any direct AIDS symptoms or AIDS-related complexes, their blood samples were found to be sero positive to AIDS-antigen both by ELISA (enzyme linked immuno sorbent assay) and the confirmatory western blot test. [Excerpt] [Bombay THE TIMES OF INDIA in English 24 Jul 87 p 6] /9274

GOA AIDS CONTROL--Panaji, 23 Jul--Goa yesterday became the first state in the country to enact legislation which seeks to enforce measures for the detection, prevention and effective containment of AIDS. The Goa Public Health (Amendment) Bill, 1987, passed by the legislative assembly here today, makes it mandatory for every registered medical practitioner, to report any AIDS case to the health officer of the jurisdiction, without delay. According to the amended act, "no person, including a foreigner, shall refuse collection of blood for investigation of AIDS or any other communicable or infectious disease, if the health officer has reasonable grounds to suspect that the person suffers from such a disease." It also lays down that all persons found to be AIDS positive by the serological test should be isolated in specifically prescribed institutions. All blood banks will also henceforth have to send blood

samples collected to the Surveillance Centre of the Goa Medical College for testing. Permission to give it to the patient will be granted only if it is found to be free of AIDS. Similarly no transplant operation can be performed unless both the donor and the recipient are found to be free of AIDS, the bill states. [Text] [Bombay THE TIMES OF INDIA in English 24 Jul 87 p 14] /9274

CSO: 5450/0210

INDONESIA

HUMAN

BRIEFS

DIARRHEA IN CENTRAL KALIMANTAN--Sixteen inhabitants of Seruan Hilir district, Kotawaringin Timor (Kotim) regency, Central Kalimantan, died in a diarrhoea outbreak since July until mid of August, 1987. Most of the victims were farmers and their children who lived in remote areas, Kusnan Daryone, the regent of Kotim, said here Monday. The provincial health service has sent a number of paramedics and medicines to the region to control the contagious disease. [Te.] [Jakarta ANTARA NEWS BULLETIN in English 25 Aug 87 p A2] /13104

CSO: 5400/391

AIDS NOW SAID TO INFLICT GENERAL POPULATION**Dublin IRISH INDEPENDENT in English 21 Jul 87 p 3****[Text]**

THE FIRST case of the AIDS virus found in the general heterosexual population in this country are now emerging.

Irish AIDS expert Dr. Derek Freedman now estimates that an average of three to four people each week presenting to the Genito-Urinary Unit at St. James's Hospital as HIV positive.

And, according to new international studies, Ireland could soon be seeing between 15 and 20 new fullblown AIDS cases each year.

A big U.S. investigation into the disease concluded that each year some 2.6 p.c. of those with the virus will go on to develop full AIDS. Applying this to Ireland's official figure of 403 HIV positive cases, it could be concluded that up to 20 people here will go on to

become AIDS victims each year.

However, many experts here fear the true figure for HIV positive cases may be significantly larger than official statistics indicate. One estimate puts the true figure as high as 1,200.

Those carrying the virus are largely confined to intravenous drug users and homosexuals. A number of haemophiliacs sufferers also contracted the virus through blood factor transfusions prior to the introduction of strict precautions.

But Dr. Freedman said that doctors were now beginning to see cases in the general heterosexual population.

The total figure for AIDS cases in Ireland stands at 19. Eleven people have died from the disease to date.

/9274

CSO: 5450/0209

HEALTH DEPARTMENT TO ACT ON TUBERCULOSIS VACCINATION

Dublin IRISH INDEPENDENT in English 24 Jul 87 p 9

[Text]

THE TB vaccination scheme is to be reviewed by the Department of Health, following the publication soon of a major study of incidences of the disease in Ireland.

At present about 800 new cases of TB are reported here each year, compared with more than 3,000 cases a year in 1960, but Ireland still has the highest level of the disease in the EEC.

The report being completed by the Royal College of Physicians in Ireland, estimates the effectiveness of the BCG anti-TB vaccine, among other factors in-

cluding the part played by poor nutrition.

Most babies are vaccinated against the disease. But in a West of Ireland national school recently, more than a quarter of the children were found to be infected with TB.

Out of 54 pupils, eight were found to be diseased and a further seven to be infected.

Consultant paediatrician Dr Kevin Connolly of Ballinasloe Hospital, who identified the outbreak, warned doctors to remember that TB was not extinct, according to an article in the

current edition of the Irish Medical Times.

There are about 100 deaths a year in Ireland from the disease. Over 80 per cent are aged 65 years and over and many are re-activated TB cases.

Meanwhile, a study by doctors at Penenden Hospital, Newcastle, Co. Dublin, has claimed that TB is not given adequate prominence in medical education.

This, coupled with complacency, was implicated in the failure to prevent the disease, according to the study published in the Irish Medical Journal.

/9274

CSO: 5450/0209

MAURITIUS

HUMAN

BRIEFS

INADEQUATE PREVENTATIVE MEASURES FOR AIDS--"The island of Mauritius will not escape AIDS, for the existing inspection facilities are not sufficient for a thorough examination of persons coming to Mauritius. Access to Mauritius is too easy." This is the statement of Dr Mohun Balnath, a dermatologist, who has just returned to the country after having attended the 17th World Congress of Dermatologists, which brought together in Berlin 6,000 dermatologists from five continents. Among the many subjects involving the skin, AIDS also attracted the doctors' attention. After an evaluation of the role of the dermatologist by the participants in the congress, the congress members came to the conclusion that education of the public and especially politicians is an essential need, for it is necessary to make this disease less sensational. Besides, Dr Balnath emphasized, the congress has not concentrated its attention only on AIDS. [Excerpt] [Port Louis LE MAURICIEN in French 18 Jun 87 pp 1, 8] 8490

ANTITUBERCULOSIS EXPERTS TRAINED IN BEIRA

54000216b Maputo NOTICIAS in Portuguese 13 Jul 87 p 3

[Article: "Course in Beira Training People in the Central Zone by Antonio Janeiro, Beira Office]

[Text] The anti-tuberculosis campaign (ELAT) ranks second on the country's list of priorities after maternal and child health. In this perspective, a course was recently held in the city of Beira to train people with sufficient knowledge to provide correct information on transmission of the disease and the most appropriate treatment for it.

According to what our reporter in the provincial capital of Sofala learned during a short interview with Dr Paula Perdigao from the National Health Directorate who attended this course, the country is currently unable to detect and diagnose all the existing cases because of major shortages.

The doctor went on to report that this course was aimed at reducing the number of irregular cases and cases in which treatment had been abandoned, as recorded in various parts of the country and especially in the central provinces--Sofala, Tete, Manica and Zambezia. The course was also attended by nurses in tuberculosis wards in those regions and by ELAT supervisors, for a total of 37 persons.

Guaranteed Medicine and Working Tools

The doctor also said that because of the prolonged procedure for treating tuberculosis, many patients leave the hospitals and resort to traditional treatments at home.

"In this course," Dr Perdigao said, "we teach the participants how to use audiovisual material (including posters and brochures), so that they can also use them with patients in the areas where they work."

She added that due to a lack of information, people have misconceived ideas, particularly regarding the need to isolate tuberculosis patients because the disease is considered dangerous and contagious. She went on to say that ELAT receives financing from NORAD (Northwest Development Agency), and that medicine and work material essential for the program were already guaranteed.

"With this assistance, and in view of the fact that ELAT is the program with the second highest priority, we hope to reduce the number of cases and ensure that patients continue their treatment without interruption. This disease, tuberculosis, is curable."

"Moreover," she concluded, "we hope to improve participants' knowledge regarding tuberculosis and the proper treatment for it, by teaching methods that they will impart to the patients and other health workers linked to the tuberculosis sector."

Dr Else Beit Soeal from the Preventive Medicine Department, one of the teaching assistants for the course, disclosed that the Ministry of Health was concerned over the fact that patients were leaving the hospitals and their treatment programs. "We are doing everything we can to correct this situation," she emphasized.

She added that once the participants finish their training, they are expected to go back to the provinces where they work and organize meetings to explain the need for health education to both patients and the people in general, to ensure effective action in the struggle against tuberculosis.

9805/12851

BRIEFS

SUCCESSFUL TETE VACCINATION CAMPAIGN--Health Center No 2 in Matundo District, Tete Province, surpassed its vaccination targets for the first half of the year. Babies ranging from newborns to 1 year were vaccinated against tetanus, measles, tuberculosis, poliomyelitis, whooping cough and diphtheria. Medical officer Domingos Pereira said that the percentage was low for some vaccines, because mothers did not follow the schedule for the vaccinations. A door-to-door campaign was initiated to discover cases of failure to follow the vaccination schedule and home births, and to check children's and pregnant mothers' vaccinations. Domingos Pereira also spoke of preventive measures related to maternal and child health, prenatal visits, family planning, vaccinations and pregnancy checks. The Matundo health center prepares simple meals in the presence of the mothers that are later served to the children, so that the mothers may learn how to prepare them. Talks are given to provide guidelines for building latrines, barns and sanitary fills, and information on the advantages in using them. The center receives milk, flour, sugar and clothing from the Nutrition Rehabilitation Center. It also takes care of people displaced by war who are selected to live in the districts. Medical visits and medicine are free for these persons. The medical officer also reported that the premises of the health center had been fenced in with barbed wire and that they had planted a fruit and vegetable garden. They deplored the lack of electricity at the center. [Text] [54000216a Maputo NOTICIAS in Portuguese 6 Jul 87 p 3] 9805/12851

NAMUNO VACCINATION CAMPAIGN--During the first quarter, 867 children from newborns to 4-year olds and 406 pregnant women were vaccinated against tuberculosis, tetanus, diphtheria, whooping cough and infantile paralysis in Namuno. The district health director said recently in Pemba that these figures could have been higher if the campaign had not been interrupted last March because of a shortage of gasoline to operate the freezer where the vaccines are preserved. During the first half of this month, preventive medical officers in Namuno encountered problems in purchasing fuel needed for their travel to supervise administrative posts and villages. [Text] [54000216c Maputo NOTICIAS in Portuguese 11 Jul 87 p 3] 9805/12851

CSO: 5400/216

NIGER

HUMAN

AIDS CONTROL COMMITTEE, 'EMERGENCY' PLAN ESTABLISHED

AB130930 Paris AFP in French 1101 GMT 11 Aug 87

[Text] Abidjan, 11 Aug (AFP) — The Niger authorities have just set up an AIDS control committee, and have defined an emergency program to follow the development of the epidemic in the country, where, up to now, 10 seropositive cases have been detected, the Niger daily *Le Sahel* reported today.

The committee, the paper indicated, will have a double mission — consultations and monitoring AIDS. Its financial needs have been estimated at 96.5 million CFA francs (Fr1.93 million), and requests for funds have been made by the Niger authorities with the EEC, which has provided for a special anti-AIDS fund with the WHO.

Meanwhile, the Niger Health Ministry has adopted a 4-point strategy to combat the epidemic, *Le Sahel* stated. The first measure concerns the detection of the disease through a systematic blood analysis. The second measure consists in conducting a (limited) epidemiological survey to assess the incidence of the infection by the AIDS virus on patients with symptoms similar to those of the disease (loss of weight, chronic diarrhoea, fever).

The other two measures concern the training of medical and paramedical personnel and the education of the public.

/8309
CSO: 54000228

AIDS SCREENING REVEALS 11 CASES

Kaduna NEW NIGERIAN in English 22 Jul 87 p 16

(Text)

THE Chief Medical Director, University of Maiduguri and a member of National Committee on AIDS, Professor Mrs Mohammed said at the weekend in Jos that out of 70,000 blood samples screened 11 had AIDS virus.

He said at a symposium organised by the Nigerian Medical Association, NMA Plateau State-branch that the samples were taken from Lagos, Calabar and Maiduguri, adding that efforts were being made to obtain samples from other towns.

Professor Mohammed said the effectiveness of the screening might run into problems if those who travelled abroad refused to be screened. He said as at moment most Nigerians were either afraid of being screened of AIDS or were sceptical about the test.

He said the committee had

selected the University of Jos as one of the screening centres, and that the governments of Bauchi, Gongola and Borno states were working out a joint AIDS screening programme.

Plateau State Commissioner for Health Dr. (Mrs) Lami Lombi, said at the occasion that a lot of disinformation on AIDS had been disseminated to the public, to the extent that some people now held the view that merely looking at an AIDS patient one could contract it.

She said it was of importance for doctors to know the relevant data on the cause and the methods of spreading the disease and assist the government in the education of the public, adding that the state Ministry of Health had already mapped out plans for intensive health education campaign which would be launched soon.

She said the plan when launched would promote rural anaesthetic practice and child survival strategies in primary health care.

/9274
CSO: 5400/15

'SAFE SEX' PRACTICES AGAINST AIDS REDUCING VENEREAL DISEASE

Oslo ARBEIDERBLADET in Norwegian 29 Jul 87 p 9

[Article by Per Havikbotn: "Is Gonorrhea on the Way Out?"]

[Text] Gonorrhea and syphilis cases have declined by 30 and 25 percent respectively compared to last year. As of 18 June 1,995 cases of gonorrhea and 31 cases of syphilis had been reported in this country. That is one indication that the Public Health Directorate's campaigns in the effort to combat AIDS have persuaded people to change their sexual habits.

The curve of reported cases of gonorrhea and syphilis has been declining steadily for the last 10 years. In 1977 13,205 cases of gonorrhea and 259 cases of syphilis were reported. This year the figures will lie around 4,000 and 60.

Despite the positive trend, Dr Svein Erik Ekeid of the Public Health Directorate would like to see the figures go even lower.

"These figures depend on two things. First that people go to a doctor when they recognize the symptoms. And second that the doctor reports these cases. But with the attention that has been directed to the consequences of a freewheeling sex life, this suggests that the reduction in the incidence of venereal disease is reflected fairly accurately by the figures. Even so, every single person with gonorrhea could also have risked being infected with HIV. Each case indicates irresponsible behavior. Therefore we cannot say we are satisfied yet," said Ekeid.

Gravity of Situation Understood

The decline in the number of cases of venereal disease is a good indication that people have changed their sexual habits. So are condom sales. Last year condom imports rose by 40 percent. Imports this year remain at the same high level. This means that Norwegian men are buying almost 10 million condoms a year.

Opinion polls also show that the Public Health Directorate's campaigns have made an impact. A survey Opinion, Inc. conducted for the Labor press in

June showed that 13 percent of the respondents said they had made changes in their lifestyle because they were afraid of AIDS. Among those between the ages of 18 and 30, as many as 33 percent reported making changes.

Dr Svein Erik Ekeid said the campaigns have been a conditional success but this is no reason to scale down the fight against AIDS.

"The positive trend is no reason to come to a halt. It is not true that 'the fire is out,' as some politicians seem to believe. As long as the number of new people infected with HIV remains constant we simply must step up the effort. Another factor is that the change in sex habits indicated by the figures must be permanent. It won't help much if the campaigns lead to only a brief change in lifestyle. People must learn to take precautions for an indefinite period of time," said Ekeid.

Money Gone

The Public Health Directorate requested 60 million kroner for the current year. Only 8 million was provided. The money has already run out. The Public Health Directorate cannot afford any more campaigns.

"There is an inconsistency between what politicians say and what they do in Storting. None of the parties has been willing to provide extra money for the fight against AIDS. Oddly enough some parties support mandatory testing of the population but are unwilling to provide funds for preventive efforts. Especially when we see that such efforts give good results," Ekeid said.

The Public Health Directorate has spent 12 million kroner on educational campaigns this year. In comparison an AIDS patient costs society between 1 and 1.5 million kroner a year.

Unusually Effective

Senior executive officer Pal Kraft of the State Health Inspectorate said that the Public Health Directorate's campaigns and the extensive press coverage have had an unusually big effect.

"Our research shows that people have changed their sex habits to a large extent because of the campaigns and the mass media. There has been a much larger effect than there has been from campaigns against alcohol, tobacco or harmful diets. However it is too early to say if there will be a lasting change in sexual habits. This depends on whether sexual norms change. So far a number of individuals have changed their behavior without producing any general change in the norm. Such a change depends among other things on whether the AIDS threat is longlasting and whether continual educational efforts are made," Kraft said.

6578
CSO: 5400/2500

LATEST STATISTICS, ATTITUDES ON AIDS

Oslo ARBEIDERBLADET in Norwegian 16 Jul 87 p 8

[Article by Trond Hjorthaug: "34 AIDS Deaths to Date"]

[Text] To date, 34 out of a total 50 AIDS patients in Norway have died of the disease. Slightly over halfway into 1987, nearly as many new AIDS cases have been registered as during the entire past year. The number of persons registered as HIV-positive has passed 601. Drug addicts top the list and in all likelihood will be represented among AIDS patients equally strongly as homosexual/bisexual men. The average age for AIDS patients is 36.

The foregoing appears from new statistics from the State Institute for Public Health. As of 15 July, the Norwegian Public Health Service had identified 15 AIDS patients this year. During all of last year, 18 were diagnosed with AIDS. The seriousness of the illness is emphasized by the fact that 9 of the 15 who have been diagnosed with AIDS have died. Since the first AIDS case was registered in 1983, 50 people have contracted AIDS. Of these, 34 already are dead.

Primarily Homosexuals

It continues to be homosexual and bisexual men who constitute the greatest risk group for AIDS. Of the 50 AIDS patients in Norway, there are 39 homosexual or bisexual men, 2 drug addicts, 3 hemophiliacs, 2 blood recipients, while 4 are thought to have been infected heterosexually. Only one woman in Norway has contracted AIDS to date.

With the help of an anonymous charting system which records the month, year, home city and risk factor of those who are infected, the State Institute for Public Health also is able to create a picture of who will develop AIDS in the future. To date, 601 HIV-infected people are registered, but so far, the institute has charted only 460 of these. Among those who have been charted, drug addicts constitute a larger group than homo- and bisexuals. The HIV-infected fall into the following risk groups:

Addicts High Risks

199 drug addicts (113 men and 96 women), 190 homo-/bisexuals, 15 combined homosexual/addicts, 21 hemophiliacs, 3 blood recipients, 25 heterosexuals, 1 child of risk-group parents, and 6 others.

"These figures cause us to expect significantly greater numbers of addicts to be among those who develop AIDS in the coming years," states senior consultant Oivind Nilsen of the State Institute for Public Health. "In any case, 30 percent of the 200 addicts who are HIV-infected will develop AIDS in the course of a five-year period," he believes.

'Meeting Our Goal'

"The figures from ARBEIDERBLADET's investigation are very interesting. They demonstrate very clearly that people are changing their sexual habits in accordance with the objectives which have set for ourselves." This was the comment of Bjorn Martin Aassens, a high-ranking official in the Social Welfare Department, concerning the opinion poll which shows that 13 percent of Norwegians have changed their way of life because of AIDS.

"The survey figures also show that information and greater awareness have caused people to act rationally. According to the survey, four out of five feel safe. This must imply confidence in the measures which we recommend for preventing infection. These are important figures for us," the official states.

He believes that it naturally is the young who have the greatest fears that they can be struck by the illness. "This means that people know that HIV contamination occurs through sexual contact and hypodermic needles. The fact that older people generally are less afraid of the disease reflects that the younger people have more sexual contacts than those who are older, but also, that young people have greater awareness."

'Encouraging and Positive'

"The fact that 13 percent of Norwegians say that they have changed their life style is something which I see as being encouraging and positive. I do not think that there is a much larger percentage of us who need to change habits relative to AIDS."

The foregoing was the comment of Anne Alvik, acting health director, on the figures in the poll of Norwegian attitudes concerning AIDS. The 33 percent of Norwegians between the ages of 18 and 30 who say that they have changed their way of life corresponds roughly to the percentage in that age group who need to change their habits, Alvik believes.

In contrast, she is a bit surprised that there are more people in rural areas than in the cities who fear becoming infected with AIDS.

"On the one hand, this may reflect the fact that our information has been disseminated better in the cities. At any rate, this is one possible interpretation. When people have information, they need not be afraid. On the other hand, this does not mesh with the figures for the older and younger people who were questioned. If the young people had received our information on AIDS, there would hardly be as many as 24 percent among them who feared becoming infected. It is possible that the young people regard their sexual partners as being high risk, even though they themselves have changed their way of life," acting health director Alvik believes.

Norwegians Not Afraid of AIDS

"We are not afraid of AIDS!" This is the response of four out of five Norwegians to the question whether they are afraid of being infected with the disease. But at the same time, it is revealed that 33 percent of young people between the ages of 18 and 30 have changed their way of life because of the danger of AIDS.

The foregoing appears from a poll taken by Opinion A/S for ARBEIDERBLADET.

Of those who state that they have changed their way of life because of the AIDS epidemic, 45 percent say that they personally are afraid of being struck by AIDS. Of those who have changed their way of life, 54 percent are not afraid of personally getting the disease.

To the question, "Are you afraid that you personally will get AIDS?", 18 percent of those asked responded "yes," and 80 percent, "no." Fear of AIDS is thought to be a bit greater in rural areas (20%) than in the cities (17%).

Women More Afraid

If the responses are segregated according to region, the fear of AIDS is greatest in Trondelag and northern Norway. In these areas, 24 percent are afraid that they will be struck by the disease. In comparison, only 14 percent in Oslo/Akershus are afraid that they will be struck.

Women (20%) are more afraid of AIDS than men (15%). And young people seem to be more afraid of AIDS than older persons. In the age group 18 to 30, 24 percent say that they are afraid that they may get AIDS, while only 8 percent of those over age 60 share this fear.

Many Changing Lifestyle

Thirteen percent of Norwegians over the age of 18 say that they have changed their way of life because of AIDS. If the measurement were projected for the entire Norwegian population, it would mean that approximately 400,000 people have taken precautions against the disease. The question which was posed was: "Have you personally changed your way of life or in some other fashion taken precautions against the disease?" Of those asked, 84 percent--translated to approximately 2.6 million Norwegians overall--have not changed their life-style.

It is particularly the youngest in the population who say that they have changed their ways. Among those in the age group 18 to 30 who were questioned, 33 percent, or one out of three, state that they have changed their ways. In the age group 31 to 60, 12 percent have changed their lifestyle.

Among those who expressed fear of being struck by AIDS, one out of three claims to have changed his or her lifestyle, while two out of three have not changed their habits.

The poll was taken on 9 June this year. A nationwide sampling of 605 people were interviewed by telephone.

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CSO: 5400/2490

NUMBER OF AIDS CASES DOUBLING EVERY TEN MONTHS

Oslo ARBEIDERBLADET in Norwegian 29 Jul 87 p 9

[Text] Trondheim (NTB)--The number of AIDS cases in Norway doubles every 10 months. Norwegian AIDS patients live an average of 4 months after the disease is diagnosed and their average age is 36.

These figures on the development of the AIDS epidemic in Norway come from information the National Institute of Public Health (SIFF) has sent to Norwegian doctors.

At the end of June 49 AIDS cases had been reported in Norway. Of this number 34 are already dead. Among the 49 AIDS patients there were 48 men and 1 woman. Some 38 of the 49 Norwegian AIDS patients were homosexual or bisexual men. Five people acquired the disease through blood transfusions, two were drug addicts and three men and one woman had probably acquired AIDS abroad through sexual contacts with people of the opposite sex.

HIV Infection

At the end of June medical laboratories had found HIV infection in around 590 people. Some 130 of these carriers of the infection have not yet been reported to SIFF.

Oslo is the home of 284 of the 460 people infected with HIV that SIFF has received reports on. They make up 63 percent of the total. Oslo is followed by Akershus with 39, Buskerud with 21, Ostfold with 15, Rogaland with 13 and Hordaland and Sør-Trondelag where 11 people infected with HIV have been reported to SIFF.

Sogn og Fjordane remained the only county that has not reported any cases of HIV infection.

AIDS in Europe

SIFF also informed Norwegian doctors of AIDS developments elsewhere in Europe. The conclusion is that the epidemic is continuing to spread and that the number of AIDS cases among drug addicts is rising steadily. The

patients in this group are younger than those in other groups and women make up over a third of those affected by the disease.

Switzerland has the highest number of AIDS cases in relation to its population, followed by France and Denmark. The so-called rate of prevalence is 34.9 AIDS cases per million inhabitants in Switzerland. The rate is 29.4 in Denmark, 12.7 in Sweden and 10.7 in Norway.

The number of AIDS cases in Europe doubles every 10 or 11 months. At the end of March a total of 5,687 cases had been reported and half the patients had already died.

6578

CSO: 5400/2500

NORWAY

HUMAN

BRIEFS

INSURANCE COMPANIES ON AIDS--"The insurance companies do not want to put the blame on any risk group with regard to questions about AIDS on applications for life insurance," said Ivar Tunheim, press consultant for the Norwegian Insurance Association. He emphasized this point after the Norwegian Society of 1948 took strong exception to the words used in separate statements made by individual companies. Tunheim told NTB that the Insurance Companies' Committee on Health Evaluation recommends asking policy-holders whether they have been tested for HIV and if so to give the name of the doctor who performed the test. [Text] [Oslo ARBEIDERBLADET in Norwegian 28 Jul 87 p 7] 6578

CSO: 5400/2500

MEASURES AGAINST AIDS THREAT INTRODUCED

Muscat TIMES OF OMAN in English 13 Aug 87 p 7

[Article by Fermin D'Souza]

(Text) Under-Secretary of Health, Dr Salem bin Hamdan al-Akhzami, speaking at Oman's first workshop on AIDS, said the Ministry of Health was planning to depend totally on local resources to avoid importing blood.

He told medical and para-medical staff that the Ministry had equipped hospitals in the Sultanate with equipment for blood transfusion so that every hospital would depend on itself and not on the regional blood bank.

He said that medical cadres were being trained in this field.

The Under-Secretary warned the participants of the workshop that if the dangers of Acquired Immune-Deficiency Syndrome were ignored, "it could be disastrous to the extent that it can destroy humanity."

He said that the latest scientific research had identified the cause of this deadly infection as a new virus called "Retrovirus" which has been given different names in scientific media.

Dr Hamdan said the infection gave rise to other infections which appeared at a time when the body's immunity cells were unable to resist infection because the virus had destroyed its immunity.

"The most dangerous part of it is that the clinical symptoms may not appear for years on the infected person, and during this time he might have transferred the infection to others," he said, calling on all medical personnel to take extra care in discovering suspected cases.

Dr Hamdan said that the Ministry was taking great care to find any alien cases coming to the Sultanate.

Dr Hamdan said the Ministry had been taking steps to prevent alien cases reaching the Sultanate. One of the ways was to make sure imported blood was free from this virus.

He said those in charge of hospitals should ask people to donate blood locally, besides the mass communication programme undertaken by the Ministry.

The Under-Secretary assured the medical staff that research had proved that transmission of the infection to staff working in the field was difficult to occur.

"We have no evidence up to now proving that there could be any infection in the medical health care if we take care to observe carefully the recommendations for infection control," he said.

"We must be ready to face any emergency case, and be serious regarding the diagnosis, treatment and especially prevention in the field of injection and blood transfusion," he said.

Specialists later discussed the scientific aspects of AIDS during the one-day workshop on July 31. Dr R.A. Toller, chief of laboratories, talked about the AIDS virology.

The medical aspects of AIDS were covered by Dr Ghassan bin Omar Al-Zuhari, senior consultant of gastroenterology. Dr Saleh bin Mohammed Al-Khusaibi, senior specialist paediatrician discussed the paediatric aspects.

Senior staff nurse Fatma bint Mohammad Amer al-Mashruya, an infection control nurse, told the participants how AIDS patients should be nursed.

Dr Abdul Raouf bin Ismail Al Sowaid, chief of dermatology and GUM services, rounded up the discussions with a global review of AIDS.

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CSO: 5400/4529

AIDS PREVENTION MEASURES UNDERTAKEN

Beijing JIAN KANG BAO in Chinese 7 May 87 p 4

[Article by Zheng Qingsi [6774 1987 2448]: "What Actions Has China Taken To Guard Against AIDS?"]

[Text] Since the death of a foreign visitor with AIDS in Beijing in June 1985, China has taken a series of actions to guard against AIDS, foremost of which have been the following:

- (1) Propaganda and study classes. Newspapers, television, and radio broadcasts have been used to publicize knowledge about AIDS, to inform the public what AIDS is and how to guard against it. In 1986, the Chinese Academy of Preventive Medicine gave a 3 week nationwide training course on AIDS for the training of key cadres responsible for monitoring AIDS in every province.
- (2) Barring of Entry. The Ministry of Health and the Customs Administration issued a document in 1985 prohibiting the import from abroad of factor VIII blood preparations. Monitoring of foreign students in China or of personnel living in China for long periods was also intensified. At the same time, all quarantine stations also bolstered AIDS quarantine within China.
- (3) Increased Monitoring. In early 1986, the Ministry of Health explicitly ruled AIDS to be a communicable disease for category B statutory reporting, requiring that all jurisdictions report the discovery of AIDS patients to higher authority. Numerous provinces and municipalities have already taken action to test the blood serum of key groups of people or to send blood specimens to the Chinese Academy of Preventive Medicine for testing. Incomplete statistics show the testing so far of more than 3,000 specimens. In addition, follow-up interviews and observation have been increased for those who have tested positive and those in close contact with them.
- (4) The Ministry of Health has set up a work team for AIDS prevention composed of leaders in the Ministry of Health and from quarantine stations in some province and municipalities, as well as medical experts concerned and responsible organizations for coordination and consultation. Quite a few provinces, autonomous regions, or central government administered municipalities throughout the country have set up provincial level prevention teams.

9432
CSO:5400/4144

CAUTION URGED IN USE OF IMPORTED BLOOD PRODUCTS

Beijing KEJI RIBAO [SCIENCE AND TECHNOLOGY DAILY] in Chinese 5 Jul 87 p 1

[Article by Reporter Wan Runlong [8001 3387 7893] and Correspondent Zhu Guoxian [2612 0949 6343]: "Personnel Concerned in Ministry of Health and Zhejiang Provincial Department of Health Urge Caution In Use of Imported Blood Products"]

[Text] Four persons infected with AIDS have been found in Zhejiang Province, three of them children. These four people who have contracted AIDS received injections of imported blood products containing blood factor VIII for the treatment of hemophilia in October 1982. Personnel concerned in the Ministry of Health and in the Zhejiang Provincial Department of Health have consequently urged caution in the use of imported blood products.

Reportedly, the imported factor VIII is separated out of the mixed blood of between 2,000 and 20,000 blood donors. Zhejiang Medical University and the Virus Research Institute of the Chinese Academy of Preventive Medicine worked together on three different test methods for hemophilia patients given injections of concentrated factor VIII, verifying that the factor VIII had infected the hemophilia patients with the AIDS virus.

Zhejiang Provincial Health and Quarantine authorities have rigorously examined all imported blood products in storage; nevertheless, an additional small number of foreign blood preparations have been mailed by private individuals or have been carried into China. All persons having imported blood products (such as factor VIII or gamma globulin) are to have them inspected and approved by health and quarantine organizations before using them in order to control the spread of AIDS.

The four people in Zhejiang Province who contracted AIDS have received proper treatment, and their relatives and contacts are also being watched by health and quarantine authorities.

9432
CSO:5400/4144

STRICT CONTROL URGED FOR IMPORTED BLOOD PRODUCTS

0W181038 Beijing XINHUA in English 0659 GMT 18 Jun 87

[Text] Beijing, 18 Jun (XINHUA)--Chinese anti-AIDS team leader Cao Qing urged a stricter control of the import of foreign blood products, according to today's HEALTH NEWS.

He drew the attention to the fact that some local units were still importing foreign blood products since the Ministry of Public Health imposed the ban in September 1984, and some individuals were bringing blood products into China through postal service.

He revealed that more than 60,000 units of gamma globulin, a blood product imported in 1985 through the Dalian port, were found to contain not only a high percentage of mercury but also anti-body of AIDS virus. But he did not say from which country the medicine was imported.

A medicine inspection expert, Zhang Qingyan, of the Dalian port quarantine said that some imported blood plasma products were indeed advanced technologically and can be preserved for a long time, but they were not safe.

The anti-AIDS team called on all individuals and medical units which still have imported blood products to have them inspected by anti-epidemic organizations before using them.

China has taken effective measures to prevent AIDS from spreading into China. All ports have stepped up quarantine and inspections of medicines imported since earlier last year when four hemophiliac patients (including three children) were found affected by AIDS virus because of the use of hageman factor imported from abroad.

Up to the present, only two persons died of AIDS in China. One was a tourist from the United States and the other was a person in Fujian Province who had worked in New York.

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CSO: 5400/4138

AFRICAN STUDENTS SAID TARGETS OF AIDS TEST

HK150840 Hong Kong HONG KONG STANDARD in English 15 Jul 87 p 8

[Article by Chan Wai-fong]

[Text] Foreign students, particularly those from African countries, are the major targets of the recently-enacted law on AIDS (Acquired Immune Deficiency Syndrome) tests in China.

Since China has stuck to her claim that she has no history of AIDS and that epidemic diseases, such as VD, have been uprooted, lawmakers have reasoned that the source of AIDS must be foreigners visiting the country.

The legislation, which was enacted in May, reflects China's concern over the issue. And, among all foreigners affected, students, particularly those from Africa, represent the greatest AIDS threat.

"They are more liberal and casual about their sexual relationships. And the disease originates from the continent of Africa," a Chinese official responsible for epidemic prevention told THE STANDARD yesterday.

The new legislation requires all foreign residents in China to undergo testing for the disease. The rule also applies to Chinese returning to the country after long trips abroad.

All foreigners who apply to stay in China for more than one year--whether it be for education or employment are obliged to take the test. The rule will be waived for those who already have residency status.

If the tests prove positive, their applications will be rejected.

"They (the students) do not stay here for a few weeks, but for six years," the official added.

Special equipment to conduct the tests has already been imported and is in place in Beijing, Shanghai, Guangzhou and Shenzhen.

An official from the Shenzhen Health Quarantine Center was quoted recently as saying that the equipment at the Shenzhen customs checkpoint will be operational at the end of this month.

Until now, four Chinese--three children and an adult--have died of AIDS. Two other deaths in the country have been blamed on the disease--an Argentine tourist who died in Beijing in 1985 and a man from southern Fujian Province who died in March. The Chinese had lived abroad for 15 years.

"The four Chinese AIDS victims died after receiving blood transfusions. The blood was imported from the U.S.," the official said.

He added that because of the increasing exchanges between China and the West, there is a high possibility that the disease will be imported.

To prevent the disease from taking hold in the country, the government previously considered extending the tests to taxi-drivers and employees in hotels and restaurants in the bigger cities.

However, the plan was abandoned because "the cost for such tests will be too high," he added.

It is not yet known whether foreigners will be charged for the tests.

In a related development on Monday, 79 African students protested in New Delhi against compulsory AIDS tests.

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CSO: 5400/4138

SHENZHEN REQUIRES AIDS CERTIFICATE FOR FOREIGN NATIONALS

OWI30400 Beijing XINHUA in English 0150 GMT 13 Jul 87

[Text] Shenzhen, 13 Jul (XINHUA)--Foreign nationals will have to present health certificates, including certificate against AIDS, if they want to stay there for more than a year, according to local quarantine station.

If there is no certificate against AIDS, they are required to receive AIDS examination before being certified to stay, an official from the quarantine station said. Those who refuse to accept the examination will not be issued with resident permits.

The official said that a new AIDS examination instrument imported from the United States is being installed at the quarantine station and is expected to go into operation by the end of this month.

All foreign nationals applying for settlement in China or for work, employment and study for a period of more than one year are required to receive health check-ups at designated quarantine stations against venereal diseases, infectious leprosy, open tuberculosis, AIDS, and mental diseases as well as the plague, cholera and yellow fever. Those who are suffering from these diseases are not allowed to enter the country, the official said.

The Shenzhen quarantine station began health check-ups of foreign nationals from April this year and no carriers of the above-mentioned diseases have been found, the official said.

The new rules are not applied to compatriots from Hong Kong and Macao holding home-returning certificates and visitors and foreigners who have already got their residence permits.

The quarantine stations have also given regular check-ups to Hong Kong truck drivers who are shuttling between Hong Kong and Shenzhen. Since the beginning of last year, the official said, the station has found 11 VD cases and all of them have been given proper treatment in Shenzhen.

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CSO: S400/4138

ADVANCES IN CONTROL OF MALIGNANT MALARIAL PARASITES

Beijing KEJI BIBAO (SCIENCE AND TECHNOLOGY DAILY) in Chinese 26 June 87 p 1

[Article by Guo Shangjiong (6753 0006 6608): "China Makes New Advances in Malaria Prevention and Treatment Research Field. Parasitology Research Laboratory of Basic Medical Research Institute in the Chinese Academy of Medical Sciences Isolates Three Monoclonal Antibodies With Marked Ability to Inhibit Malignant Malarial Parasites"]

[Text] The Parasitology Research Laboratory of the Basic Medical Research Institute in the Chinese Academy of Medical Sciences has used lymphocyte hybridoma methods since 1980 in research on anti-malignant malarial parasite inhibitory monoclonal antibodies. Not long ago, it isolated three monoclonal antibodies having marked ability to inhibit malignant malarial parasites, namely M₂₆₋₃₂, F₆ - D₂ and F₆ - C₂. Experts concerned unanimously believe this research to be at an advanced domestic level.

This institutions' parasitology research laboratory first used yueshi [4766 3044] (possibly Johnston's) rat malaria to make antigens for the immunization of mice, and used lymphocyte hybridoma methods to obtain 11 hybridomas that secreted anti-yueshi malaria monoclonal antibodies during the red period (sic). Five of these had a cross reaction with malignant malarial parasites, and one of these five was M₂₆₋₃₂ that could inhibit the growth of malarial parasites outside the body. After using the first Yueshi rat malaria immunity, malignant malarial parasites strengthened immunity two or three times, and thus 11 anti-malignant malarial parasite monoclonal antibodies were obtained. Two of these eleven, namely F₆-C₂, have an inhibitory effect on malignant malarial parasites.

These three new monoclonal antibodies can, in varying degrees, inhibit the growth of malignant malarial parasites cultured outside the body or block ruptured snail [299* 1311] from invading red cells. Of these, the antigen targeted by the M₂₆₋₃₂ monoclonal antibodies exists in three different human malarian parasites. It is a relatively stable, not readily varying antigen previously unreported inside China or abroad. Were these three new monoclonal antibodies to be selected for the country's malignant malarial parasite gene pool, protective antigens could be obtained, particularly antigens for malignant malaria and tertian malaria.

9432
CSO:5400/4144

TYPE B FLU VIRUS ANTIBODIES FOUND IN SWINE

Beijing KEJI RIBAO (SCIENCE AND TECHNOLOGY DAILY) in Chinese 26 Jun 87 p2

[Article by Special Correspondent Gao Zhu (7569 2701): "Antibodies To Fight Type B Influenza Virus Exist in Hogs. Monitoring of Correlation Between Human Flu and Swine Flu Evaluated and Approved"]

[Text] 'Monitoring of the Correlation Between Human Flu and Swine Flu' completed by scientific and technical personnel concerned from the College of Public Hygiene of Huaxi Medical University in Sichuan Province was recently evaluated and approved.

Epidemic influenza (or flu for short) is a worldwide communicable disease that mankind has yet to bring under control, largely because the influenza virus changes easily, and the problem of how new sub-types arise through change has yet to be solved. With the advent of "animal origins theory," many studies have shown an extremely close correlation between animal and human type A influenza virus; however, it has been supposed that type B influenza virus could not be transmitted to animals other than man.

By way of studying thoroughly how new sub-types of human influenza viruses arise, scientific and technical personnel at the College of Public Hygiene of Huaxi Medical University used testing methods including blood coagulation inhibition, dengue (0830 2368) hemolysis, and chicken embryo neutralization in a 5 year study of the correlation between human and swine flu in which they systematically monitored 7,644 blood serum specimens from humans and swine in the Chengdu area, discovering for the first time in China the existence among swine herds of antibodies resistant to Type B flu virus. They eliminated false impressions created by non-specific inhibitors in hog blood serum and repeatedly verified the existence in swine blood serum of specific antigens capable of neutralizing human type B influenza virus, and postulated for the first time the new idea that these viruses existing in swine might be the host for storage of the human type B flu virus.

Other experts in the same field are of the opinion that these results provide new scientific data to clarify the transmission of type A and type B flu and changes in the flu virus in "animal origins theory," and also that they hold important reference value for the monitoring of human flu and for formulating effective prevention and treatment measures, this research reaching an advanced level in China.

9432
cau:5409/6144

HONG KONG PAPER ON 'MYSTERIOUS' LHASA DISEASE

HK120311 Hong Kong SOUTH CHINA MORNING POST in English 12 Aug 87 p 1

[By Nigel Roesser in Lhasa]

[Text] Two towns in Tibet have been cordoned off following a mysterious outbreak of an unidentified epidemic, officials disclosed yesterday.

Last night the towns of Amdo and Nagqu, about 400 km north of Lhasa, were in quarantine as medical officials in the capital admitted they were baffled by the outbreak that has already claimed several lives.

Worried health officials confessed that the disease, reputedly spread by wild animals in the remote region, was unknown to them.

"We've never seen anything like this before," a senior doctor at Lhasa's Epidemic Prevention Centre said.

Doctors at both the centre and the Lhasa Centre for Infectious Diseases said the towns would be sealed off for at least two months.

Police and health officials stressed that the outbreak was "serious" but denied it was anthrax or plague.

A specialist anti-epidemic team has been sent from Lhasa. News of the crisis was contained in a tersely worded statement issued by the government to bus and truck companies operating out of Lhasa, banning travel into the infected zone.

The statement warned of grave danger from an "infectious epidemic pestilence," that killed people within six hours of contracting the disease.

Passengers were ordered out of a packed convoy of buses heading for Golmud in Qinghai Province.

Later police confirmed the road to the area had been closed indefinitely and that several people had already died.

Last night scores of worried tourists in Lhasa contacted embassies in Beijing, who were unaware of the emergency.

PEOPLE'S REPUBLIC OF CHINA

HUMAN

IgG ANTI-TETANUS TOXOID ANTIBODY PRODUCTION INDUCED BY EB VIRUS FROM B CELLS OF HUMAN TRANSPLANT RECIPIENTS

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 7 No 1, Feb 87 pp 26-29

[English abstract of article by Jin Nengren [6855 5174 0086] of the Institute of Hematology, Beijing Medical University]

[Text] Purified B cells from 8 normal subjects, 6 healthy long-term marrow graft recipients and 15 long-term marrow graft recipients with chronic graft-vs-host disease (GVHD) were stimulated for 12 days with EBV to induce anti-TT production in culture supernatants. The amount of anti-TT in culture supernatants was quantitated using an enzyme-linked immunosorbent assay. B cells from all eight normal controls produced in vitro IgG anti-TT after EBV stimulation. Five of the six healthy recipients had B cells that produced anti-TT after EBV stimulation, while four of the fifteen recipients with chronic GVHD had B cells capable of producing anti-TT after the EBV stimulation. The number of cultures making anti-TT responses was fewer in those with chronic GVHD than in those without chronic GVHD and normal subjects ($p < 0.001$). B cells from patients with chronic GVHD had fewer responses exceeding the overall median of 0.7 ng/ml when compared with the other two groups ($p < 0.03$). These data show that B cells of donor origin can produce in vitro IgG anti-TT antibodies in a T-independent fashion, and that B cells from patients with chronic GVHD show evidence of impaired activity in producing IgG anti-TT.

9717

CSD: 5400/4127

CHARACTERISTICS AND APPLICATIONS OF MONOCLONAL ANTIBODY AGAINST TETANUS TOXOID

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 7 No 1, Feb 87 pp 37-39

[English abstract of article by Fan Chunrong [5400 2504 2837], et al., of the National Institute for the Control of Pharmaceutical and Biological Products, Ministry of Health.

[Text] Four monoclonal anti-tetanus toxoid antibodies were obtained by fusing spleen cells of immunized mice with purified toxoid and mouse myeloma cell line SP2/0Ag. Experimental results show that all of these McAbs could recognize the epitope of the specific antigen molecule in the toxoid, which belongs to the IgG1 subclass. Antibody affinity expressed in the dissociation constant (K_d) was $3.0 \times 10^{-7} - 8.3 \times 10^{-7}$ M.

A monoclonal antibody-Sepharose 4B column was prepared for purification of the tetanus toxoid. A single component with significant antigenicity and immunogenicity has been obtained.

9717

CSO: 5400/4127

PREPARATION AND PRIMARY APPLICATION OF LYOPHILIZED RED CELLS SENSITIZED WITH PURIFIED POLYSACCHARIDE EXTRACTED FROM MENINGOCOCCAL SEROGROUPS A, B, C, Y AND W135

Beijing ZHONGHUA WEISHENGXUE HE MIANYIXUE ZAZHI (CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY) in Chinese Vol 7 No 1, Feb 87 pp 40-42

[English abstract of article by Wang Liya (3769 4539 0068), et al., of the National Vaccine and Serum Institute, Beijing]

[Text] This paper reports the preparation and primary application of lyophilized red cells sensitized with polysaccharide extracted from meningococcal serogroups A, B, C, Y and W135. The examination shows: sensitized red cells of each group which reacted corresponding sera revealed high specific titer of 1:1600 - 1:6400, and no cross reaction between heterogeneous groups. Sera from 138 normal healthy adults have been examined with all of the monovalent and polyvalent red cells. All their IH titer are lower than 1:4. Fourteen sera of group A patients reacted only with group A and polyvalent red cells. In 1986, Beijing Institute began to provide these kinds of products for detecting the antibody level, serogrouping and clinical diagnosis.

9717
CSO: 5400/4127

APPLICATION OF RPHA AND RPRAI WITH McAbs IN RAPID DIAGNOSIS OF JE ENCEPHALITIS

Beijing ZHONGHUA WEISHENGWUZU HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 7 No 1, Feb 87 pp 43-45

[English abstract of article by Chen Boquan [7115 0130 2938], et al., of the Institute of Virology, Chinese Academy of Preventive Medicine; Sun Yueying [1327 2588 5391] of the Institute of Basic Medical Sciences, Chinese Academy of Medical Sciences; Sun Wenxian [1327 2429 2009], et al., of the National Vaccine and Serum Institute, Beijing; Zheng Rongxian [6774 3163 2450], et al., of Fujian Station of Sanitation and Epidemic Prevention]

[Text] A rapid diagnostic method in JE using the RPRI test with H-RBC was established. The results show that the H-RBC is very specific since it can react with all the strains of JE virus tested, but not with the West Nile and Dengue viruses. Also, it is very stable as it can be stored for one year at 4°C or for one week at 37°C.

It was studied in parallel with routine hemagglutination inhibition testing (HI) in the following sera: 40 paired sera from encephalitis patients diagnosed clinically, 580 from healthy persons and 10 from pigs. The results show that the RPRI test was slightly more sensitive than the HI test, with positive rates of 72 percent, 5 percent and 50 percent to 65 percent, 46 percent and 50 percent respectively.

The RPRI test was easier to perform than the HI test. In contrast to the HI test, the RPRI test does not need pretreatment of the samples and, therefore, the results can be read within 30-60 minutes.

9717
CSD: 5400/4127

PEOPLE'S REPUBLIC OF CHINA

HUMAN

PREPARATION OF ANTI-IDIOTYPIC ANTIBODIES OF PLASMODIUM FALCIPARUM (Pf) AND
EXPERIMENTAL RESEARCH IN DETECTING ERYTHROCYTIC ANTIGENS

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 7 No 1, Feb 87 pp 46-50

[English abstract of article by Zhou Weisheng [0719 0251 3932], et al., of the Department of Malaria Immunology, First Medical College of PLA, Guangzhou]

[Text] Anti-idiotypic antibodies named anti94D1Id and anti94C3Id have been prepared by immunising rabbits with 94D1-antiPf McAb(94D1Id) and 94C3-antiPf McAb(94C3Id). The results from the Ouchterlony method and SPRIA show: (1) Both anti-94D1Id and anti-94C3Id had the specificity directed against idiotypes on the relevant McAb; (2) 92 percent inhibition for the 94D1Id-anti94D1Id system and 96 percent inhibition for the 94C3Id-anti 94C3Id system were produced by giving sufficient antigen concentrations of Pf, suggesting that the configurations of the variable regions of the two anti-idiotypic antibodies may be similar to those of antigenic determinants of Pf which combine with the relevant McAb; (3) parasites were detected at a level of 0.001 percent parasitaemia by the 94C3Id-anti94C3Id system and cross reactions with *P. knowlesi* or *P. berghhei* were hardly observed, suggesting that the 94C3Id-anti94C3Id system is species-specific and may become a valuable tool for immunodiagnosis.

9717

CSD: 5400/4127

PEOPLE'S REPUBLIC OF CHINA

HUMAN

STUDY OF EFFECTS OF VIBRIO CHOLERA 569B AUXOTROPHIC MUTANTS ON PRODUCING ENTEROTOXIN

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 7 No 1, Feb 87 pp 51-53

[English abstract of article by He Zhesheng [0149 3181 3932], et al., of the Medical Microbiology Institute, Zhejiang Academy of Medicine, Hangzhou]

[Text] In order to gain some Vibrio attenuated mutants from toxin-bearing strains, the effects of Vibrio cholera 569B auxotrophic mutants induced by N-nitroso-methyl-urea on producing enterotoxins have been investigated. The results show that most of the mutants could decrease the P/N value in ELISA for detecting enterotoxins compared with their prototype. Four of nine tested mutants showed no virulence in rabbits by the loop test, while two of nine were negative in ELISA for detecting enterotoxins. The autoradiographs of the hybridization of the above nine mutants with an LT-DNA probe all showed positive results. Of them, two mutants with opposite results in the loop test and ELISA could be lacking or blocking the CT-A toxin gene during the mutation, which may be further confirmed by hybridization with the A and B probes respectively.

9717
CSO: 5400/4127

IATROGENIC TRANSMISSION OF HEPATITIS B

Shanghai SHANGHAI YIKE DAXUE XUEBAO [ACTA ACADEMIAE MEDICINAE SHANGHAI] in Chinese Vol 14 No 3, May 87 pp 165-169

[English abstract of article by Liu Peili [0491 0160 5461], et al., of the Department of Epidemiology, School of Public Health, Shanghai Medical University; Xu Wenbai [1776 2429 0184] of the Electron Microscopic Laboratory, Shanghai Medical University]

[Text] Of 187 mixed samples taken at random from surfaces of medical instruments in 8 hospitals, 24 (4.48 percent) were positive for HBsAg. The positive rate rose with increased intensity of blood contamination. There was still a 2.78 percent positive rate after routine disinfection. The standard disinfectants 1/1000 or 2/1000 Bromo-geremine and 1/1000 or 2/1000 Peracetic acid could destroy low titer HBsAg, but could not destroy high titer HBsAg. Only 60 percent of the disinfective solutions tested which are commonly used in the field reached the standard titer, but the results for inactivating HBsAg were the same for the standard disinfective solutions.

Nine samples of disinfective solutions from the field were centrifuged, and eight of the nine sediments proved to be HBsAg positive. Electron microscopic examination revealed three morphologic forms of HBV: spherical, tubular and Dane particles. These facts suggest that iatrogenic transmission of hepatitis B is possible in some hospitals.

9717
CSO: 5400/4133

SIGNIFICANCE OF SUBSETS OF MONONUCLEAR CELLS IN LIVER TISSUE WITH CHRONIC HEPATITIS

Shanghai SHANGHAI YIKE DAXUE XUEBAO [ACTA ACADEMIAE MEDICINAE SHANGHAI] in Chinese Vol 14 No 3, May 87 pp 174-178

[English abstract of article by Zhai Weirong [5049 3634 3310], et al., of the Department of Pathology, Faculty of Basic Medical Sciences, Shanghai Medical University; Hu Dechang [5170 1795 2490] of Zhongshan Hospital; Sun Tao [1327 3447], et al., of Huashan Hospital; Duan Shucheng [3008 1859 6134] of Children's Hospital, Shanghai Medical University]

[Text] In order to study the significance of infiltrating mononuclear cells (MnC) in chronic hepatitis, monoclonal antibodies of OKT₃, OKT₄, OKT₈, OKM₁, B₁ and Leu7 were used to label MnC by the ABC method of liver needle biopsy tissue in 79 cases (CAH 43, non-CAH 36).

T cells were the predominant cells of all infiltrating MnC. The OKT₃⁺ cells correlated closely with necrosis of hepatocytes. The numbers of OKT₃⁺ labeled cells were markedly larger in CAH (17.02 percent) than in non-CAH cases (2.97 percent). OKT₄⁺ labeled cells occurred less frequently and were mainly located in the portal tract and rarely in necrotic areas. The ratio of OKT₄⁺ cells to OKT₃⁺ cells was usually less than 1. The number and distribution of OKT₈⁺ labeled cells were similar to those of OKT₃⁺. The numbers of OKM₁⁺ cells were far less than those of T cells and appeared both in the portal tract and intralobular necrotic areas. B₁⁺ labeled cells were detected in portal tracts in a few cases. Leu7⁺ cells were fewer than B₁⁺ cells. It is thought that the B₁⁺ and Leu7⁺ cells are not likely to be connected with the mechanism of immune injury to hepatocytes.

9717
CSO: 5400/4133

IMPACT OF VACCINATION ON EPIDEMIOLOGY OF WHOOPING COUGH

Shanghai SHANGHAI YIKE DAXUE XUEBAO [ACTA ACADEMIAE MEDICINAE SHANGHAI] in Chinese Vol 14 No 3, May 87 pp 203-207

[English abstract of article by Ye Kelong [0673 0344 7893], et al., of the Department of Epidemiology, School of Public Health, Shanghai Medical University; Shi Chenxin [2457 7115 2450], et al., of the Anti-epidemic Division, Xuhui District Health Center, Shanghai]

[Text] An analysis of whooping cough from the Xuhui District Health Center, Shanghai, from 1956 to 1985, shows a dramatic decrease in incidence. It is also found that: (1) the percentage of decrease in the incidence of each respective age group is similar; (2) there is no significant alteration in the age group with the highest incidence; (3) the relative age structure in whooping cough cases is not much changed; (4) there is not much fluctuation in the average age of patients suffering from whooping cough. The factors responsible for these patterns are discussed. It is calculated that changes in the composition of child age structures between 1956 and 1985 contributed more to the marked reduction in incidence of whooping cough than did vaccination.

Results of a serological survey parallel to vaccination show that the titer of agglutinating antibodies is lowest in the neonatal group, and the incidence of disease highest in the newborns and infants. Therefore, vaccination for this group should be instituted as early as possible.

9717
CSO: 5400/4133

SEVERE HEPATITIS ASSOCIATED WITH EPSTEIN-BARR VIRUS IN CHILDHOOD

Shanghai SHANGHAI YIKE DAXUE XUEBAO [ACTA ACADEMIAE MEDICINAE SHANGHAI] in Chinese Vol 14 No 3, May 87 pp 223-225

[English abstract of article by Zheng Peijun [6774 1014 0689], et al., of the Department of Infectious Diseases, Children's Hospital, Shanghai Medical University]

[Text] Two unusual cases of Epstein-Barr viral infection, characterized by severe hepatitis and hemolytic anemia, are reported. The children were 2 and 6 years old respectively. Clinically, there was no prolonged fever, and no atypical lymphocytes were found in their blood. One died of hepatic failure. Liver biopsy of the other case during convalescence revealed focal necrosis of the liver with mononuclear infiltration. The indirect immunofluorescent serological test showed positive anti-VCA IgM. Herpes simplex antibodies and HBV markers were negative.

9717
CSO: 5400/4133

BRIEFS

CHOLERA OUTBREAK--There has been a revival of diarrhea diseases for some time. Moreover, a cholera epidemic has hit the areas of Saint-Louis, Fatick and Diourbel hard in recent weeks. A considerable increase in typhoid cases was especially observed in Dakar. In the opinion of specialists, these diseases are due to negligence in the field of health and hygiene. Besides, are they not called "dirty hands diseases?" Do you know the nickname for typhoid fever? No! It is "dirty hands disease." However, people still die from carelessness, lack of respect for the fundamental rules of individual or public hygiene. During the first 6 months of 1987, 211 cases have been recorded in the contagious disease wing of Fann [not further identified] with, however, a low mortality of 3.5 percent, while there are still late hospitalizations. In 1985, 255 cases were reported to the Department of Major Endemic Diseases, while 100 were in 1976. Endemic diseases still continue in Third World Countries. In any case the lasting danger for the poor countries is the acquisition of multi-resistances to antibiotics which is realized by "salmonella typho," the typhoid germ. That is a strange germ. It is very resistant (facultative aero-anaerobe), it supports cold and dry conditions and it can also survive several weeks in water. [Excerpt] [Dakar LE SOLEIL in French 3 Jul 87 p 2] 8490

STATISTICS ON TUBERCULOSIS PATIENTS, LEPERS--The objective of the struggle against malaria, is to reduce the morbidity and mortality due to this disease by 75 percent in 5 years; the struggle against tuberculosis is also a priority with respect to the national average of the annual risk of tuberculosis infection which is about 1 percent, resulting in an annual incidence of 6 to 8,000 new cases of tuberculosis with a positive microscopy. The present occurrence of the disease is 30,000 tubercular persons in the country. Like tuberculosis and malaria, leprosy is a public health problem in Senegal. The Ministry of Public Health is now treating 12,454 cases with 446 deaths in 1986 [Excerpt] [Dakar LE SOLEIL in French 29 Jun p 20] 8490

CSO: 5400/114

SOVIET UNION

GERMAN

ESTONIA SETS UP LABORATORY TO TEST FOR AIDS

Helsinki UUSI SUOMI in Finnish 17 Jun 87 p 12

[Text] A laboratory for AIDS testing has begun operations in Tallinn. Similar laboratories are also planned in other larger centers in Estonia, especially Tartu.

The laboratory in Tallinn is currently using instruments purchased from Finland, but in the future Soviet-made instruments will also be in use.

RAHVA HAAL, the main newspaper of the Soviet Republic of Estonia, made special mention of the beginning of the AIDS testing. In a published interview, Raivo Kolle, chief physician of the country's blood donating station, reassured the public that from now on no blood distributed by the center will contain the AIDS virus.

In addition to blood donors, Kolle states, the AIDS tests will be given to foreigners, primarily students staying in the Soviet Union for over 3 months, and to citizens of the Soviet Union returning home after lengthy stays abroad.

13368/12223
CSO: 5400/2495

RESEARCH ON AIDS ANTIGENS

Moscow TASS in English 15 Aug 87

[Text] Work on the chemical synthesis of AIDS viral antigens is under way at the Immunology Institute of the USSR Ministry of Health, Doctor Rakhim Khaitev, deputy director of the Institute, said in an interview with the newspaper *Sovietskaya Kultura*. The antigens could be used in the future to make essentially new (virus-free) diagnostic kits and an artificial, safe vaccine against AIDS.

This work is a continuation of research into artificial antigens and vaccines which has developed under the guidance of Soviet academician Rem Petrov since 1977. The first batch of test kits to diagnose antibodies to the AIDS virus was produced in November 1986.

The enzyme immunoassay test system which was developed was named "Peptoscreen." It utilizes synthetic fragments of a viral protein rather than the virus or material from the cultivated virus. Consequently, production, which does not involve the virus, is safe. Peptoscreen completely coincides with foreign standards. Thus, the diagnostic system is comparable with the best foreign diagnostic systems in terms of its sensitivity and specificity. This is a major step forward, since it was the first time that the test system used a synthetic rather than a natural antigen.

CSO: 54001011

IZVESTIYA NOTES OUTBREAK OF LEGIONNAIRES' DISEASE

Moscow IZVESTIYA in Russian 16 Jul 87 p 6

[V. Shcherban report under the rubric "Details for IZVESTIYA": "Legionnaires' Disease Has Abated"]

[Excerpts] Three months ago in Armavir there was an outbreak of a very rare disease (IZVESTIYA reported this in its 131st issue). More than 200 workers from a rubber products plant were hospitalized.

They were unable to immediately determine the reason for the outbreak. At first they thought: AIDS, especially as one of Armavir's inhabitants was under suspicion. They managed to dispel the dismay and panic. Experts from the USSR Ministry of Health arrived on the scene. It was explained: it is Legionnaires' disease.

But how did it get here? How dangerous is it? These are by no means idle questions. When, soon after Armavir, there was an outbreak of this disease in an Australian city, Wollongong, three out of nine patients died.

We met Doctor of Medical Sciences V. Pokrovskiy, president of the Academy of Medical Sciences and director of the USSR Ministry of Health's Central Scientific Research Institute of Epidemiology.

"The investigation of the causes of the Armavir outbreak is completed," Valentin Ivanovich said. "The agents of the disease--Legionell+ bacteria--were isolated in water samples taken from various places in the shop where most of the victims worked. Krasnodar Kray's investigation agencies and the prosecutor's office are ending their part in the work. It has been established that the bacteria appeared in stagnant ground water in the shop building. Evaporating water entered the ventilation shafts. That, I think, is the entire 'mechanism' of the infection."

"Our doctors are not sufficiently familiar with this disease. Will they be able to diagnose it if necessary?"

"When we encounter isolated incidents--we have had incidents before this--it is impossible to make a clinical diagnosis. It is another matter when it is an epidemic, an outbreak. Here we are dealing with epidemiological and clinical data. And no particular problems arise."

"Many people who think that they have also contracted Legionnaires' disease call or write the editorial office..."

"I advise these people to see their doctor.

/9274
CSO: 5400/1012

DETECTION OF HTLV-III-SPECIFIC SEQUENCES IN T-LYMPHOCYTE LINES BY MOLECULAR HYBRIDIZATION

Moscow VOPROSY VIRUSOLOGII in Russian No 2, Mar-Apr 87 pp 219-221

[Article by Yu. Yu. Tentsov and M. I. Bukrinskiy, Institute of Virology imeni D. I. Ivanovskiy, USSR Academy of Medical Sciences; Institute of Epidemiology and Microbiology imeni N. F. Gamaleya, USSR Academy of Medical Sciences, Moscow]

[Text] The human retrovirus designated as HTLV-III, LAV, or ARV-2 has been isolated from cultivated T-lymphocytes of patients with acquired immunodeficiency syndrome (AIDS) or from the lymphocytes of people in high-risk groups [3,5,8-10,14]. Seroepidemiological studies using this virus have shown a direct correlation between AIDS and the presence of antibodies to HTLV-III in the serum of patients or people in high-risk groups [5,14,15]. These data have shown that HTLV-III is the etiological agent of AIDS.

The replication cycle of HTLV-III, as for other retroviruses, includes the synthesis of DNA complementary to viral DNA (cDNA) and its integration into the cellular genome. The amount of integrated HTLV-III provirus consists of 1-2 copies per genome. However, in infected cells there is approximately a 10-fold increase in free proviral DNA in circular and linear forms as well as the presence of virus-specific RNA [16].

Recently, the fact that individual viral genes as well as whole viral genomes have been cloned in bacterial vectors makes it possible to use molecular hybridization methods for rapid diagnosis of many infections caused by RNA- and DNA-containing viruses [1, 12]. These methods are becoming more and more widely used, since they are highly specific and have a greater degree of sensitivity than any other method.

In this study molecular hybridization methods were used to detect HTLV-III-specific nucleic acids in lines of T-lymphocytes obtained from patients diagnosed as having AIDS and for estimating the degree of relatedness of HTLV-III proviruses from different cell lines.

Materials and Methods

Cells. The cell lines CV, which produces HTLV-III, and C, which does not produce virus, were obtained from A. S. Novokhatkiy. Sixteen lines of T-lymphocytes were obtained from M. I. Parfianovich and four lines were obtained from E. V. Karmov (Ivanovskiy Institute of Virology).

Preparations of total nucleic acid were obtained in the following manner. Cells (approximately 10⁶) were collected by centrifugation, suspended in STE (0.1 M NaCl, 10 mM tris-HCl, pH 7.5, 1 mM EDTA) and treated with proteinase K (concentration 0.1 mg/ml) in the presence of 0.5% sodium dodecyl sulfate (SDS) for 1 h at 37°C. The total nucleic acid preparation was obtained by phenol extraction.

Hybridization probe. The recombinant plasmid pBH10 containing the cloned HTLV-III provirus [11] was generously donated by R. Gallo (National Cancer Institute, USA) and labeled with ³²P by the nick-translation method.

Dot hybridization. The total nucleic acid preparation was dissolved in 1 mM EDTA, 10 mM tris-HCl, pH 7.5, an equal volume of formamide was added and the mixture was subjected to denaturation for 10 min at 65°C. The mixture was abruptly cooled, diluted with 20 x SSC (1 x SSC -- 0.15 M NaCl, 0.015 M sodium citrate) up to a final concentration of 6 x SSC, applied in a dot to a BA 85 nitrocellulose filter (Schleicher and Shuell, FRG) and immobilized at 80°C under vacuum for 1 h. Prehybridization was conducted for 2 h at 42°C in 50% formamide, 5 x SSC, 2 x Denhardt's solution [4] and 100 micrograms/ml denatured DNA from salmon roe. Hybridization was carried out under the same conditions in the presence of ³²P-labeled pBH10 for 12-16 h. The filters were washed twice in 2 x SSC and 0.1% SDS for 10 min at room temperature and three times in 0.1 x SSC and 0.1% SDS for 30 min at 42°C. Autoradiography was carried out with RM-1 x-ray film with two EUI-1 screens at -70°C overnight.

Blot hybridization. Total nucleic acid in an amount of 5 micrograms was treated with Hind III restriction endonuclease, fractionated in 0.7% agarose gel, transferred to a nitrocellulose filter and hybridized with ³²P-labeled pBH10 [7].

Results and Discussion

The presence of virus-specific nucleic acids in infected cells is a direct indicator of active retroviral infection. In order to detect HTLV-III-specific nucleic acids from cells, a preparation of total nucleic acid was isolated and analyzed by the dot hybridization method, using ³²P-labeled pBH10 DNA. For dot hybridization, a preparation of nucleic acids isolated from

approximately $5 \cdot 10^4$ cells was applied. Figure 1 presents the results of analysis of 20 T-lymphocyte lines obtained from AIDS patients. In 13 cases positive results were obtained. The CV cell line was used as a positive control and the C cell line was used as a negative control. Dot hybridization was shown to be highly sensitive, allowing detection of as little as 1 picogram of virus-specific nucleic acid, which is a necessary condition for analyzing clinical material. The method is highly specific, detecting only HTLV-III-specific sequences. Despite data indicating a slight homology between the nucleotide sequence of HTLV-III and those of HTLV-I and -II, particularly in the gag-pol region, rigorous washing of the nitrocellulose filters after hybridization (0.1 x SSC, 42°C) eliminates cross hybridization [14, 15].

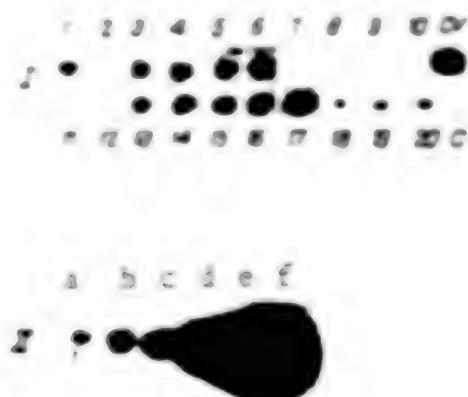


Figure 1. Dot hybridization of ^{32}P -pBH10 (HTLV-III) with nucleic acid preparations isolated from T-lymphocyte lines.
 I - Immobilization of 0.1-0.2 micrograms of total nucleic acid from 20 T-lymphocyte lines on a nitrocellulose filter; II - immobilization of pBH10 DNA on a nitrocellulose filter: a - 1 pg, b - 5 pg, c - 10 pg, d - 100 pg, e - 1 ng, f - 10 ng.

The dot hybridization method makes it possible to establish the presence or absence of HTLV-III-specific sequences in the preparation being examined, but it can not be used to compare the degree of relatedness of the viruses produced by different lines of T-lymphocytes. The blot hybridization method may be used for comparison purposes. For this purpose, 5 micrograms of a total nucleic acid preparation isolated from T-lymphocyte cell lines which gave the most marked response in dot hybridization experiments was treated with Hind III restriction endonuclease, fractionated in 0.7% agarose gel, transferred onto a nitrocellulose filter and hybridized with ^{32}P -labeled pBH10. The results of these experiments are presented in Figure 2. It is known that

the distribution of Hind III sites in the HTLV-III provirus is rather conservative and that there are three sites in the genome, two of them located in the long terminal repeat region [7, 11]. Thus, treatment with this endonuclease results in obligatory excision of the integrated provirus, and the total molecular weight of the Hind III fragments equals the weight of the entire viral genome.

Figure 2 shows that a number of cell cultures (CV, No 3, 4, 14, 15) contain HTLV-III proviruses which are similar with respect to restriction sites. The fragments obtained have molecular weights which correspond with those obtained by other authors [7]. Two lines (No 5 and 17) contain HTLV-III proviruses with different restriction sites. Provirus from cell line No 5 apparently has an additional Hind III site leading to the appearance of two coinciding fragments with 4,500 base pairs. The presence of a large number of Hind III fragments from cell line No 17 can not be explained by the presence of only one variant of the HTLV-III provirus in this culture. In this case there are probably two or more proviruses coexisting in one T-lymphocyte culture. Further studies of line No 17 are of interest in order to elucidate the interaction of proviruses in combined infection.

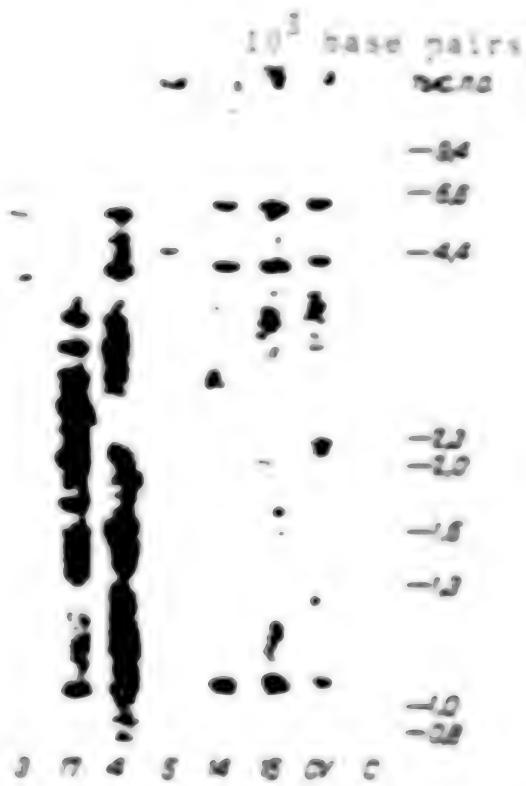


Figure 2. Blot hybridization of Hind III restriction endonuclease-treated DNA preparations from T-lymphocyte lines with 31P-pBH10 (HTLV-III). Cell lines designated the same way as in Fig. 1.

Thus, the blot hybridization method enables one to evaluate the degree of relatedness of HTLV-III proviruses from different cell lines. This method is also one approach to an epidemiological evaluation of the spread of AIDS and can be used to track mutation of the HTLV-III virus.

BIBLIOGRAPHY

1. Tentsov, Yu. Yu. and Bukrinskaya, A. G., VOPROSY VIRUSOLOGII, No 5, pp 632-633, 1985.
2. Arya, S. K., Gallo, R. C., Hahn, B. H. et al., SCIENCE, Vol 225, pp 927-930, 1984.
3. Barre-Sinoussi, F., Chermann, J. C., Rey, F. et al., SCIENCE, Vol 220, pp 868-871, 1983.
4. Denhardt, D. T., BIOCHEM. BIOPHYS. RES. COMMUN., Vol 112, pp 295-298, 1966.
5. Gallo, R. C., Salahuddin, S. Z., Popovic, M. et al., SCIENCE, Vol 224, pp 500-502, 1984.
6. Gonda, M. A., Wong-Staal, F., Gallo, R. C. et al., SCIENCE, Vol 227, pp 173-177, 1985.
7. Hahn, B., Gonda, M. A., Shaw, G. et al., PROC. NAT. ACAD. SCI. USA, Vol 82, pp 4813-4817, 1985.
8. Levy, J. A., Hoffman, A. D., Kramer, S. M. et al., SCIENCE, Vol 224, pp 840-842, 1984.
9. Montagnier, L., Chermann, J. C., Barre-Sinoussi, F. et al., HUMAN T-CELL LEUKEMIA: LYMPHOMA VIRUSES, eds. R. C. Gallo, M. Essex, and L. Gross, Cold Spring Harbor, 1984, pp 363-370.
10. Popovic, M., Sarngadharan, M. G., Read, E. et al., SCIENCE, Vol 224, pp 497-500, 1984.
11. Ratner, L., Haseltine, W., Patarca, R. et al., NATURE, Vol 313, pp 277-284, 1985.
12. Richman, D. D., Cleveland, P. H., Redfield, D. C. et al., J. INFECT. DIS., Vol 149, pp 298-310, 1984.
13. Rigby, P. W. J., Dieckmann, W., Rhodes, C. et al., J. MOLEC. BIOL., Vol 113, pp 237-251, 1977.
14. Sarngadharan, M. G., Popovic, M., Bruch, L. et al., SCIENCE, Vol 224, pp 506-508, 1984.

15. Schupbach, J., Popovic, M., Gilden, R. V. et al., SCIENCE, Vol 224, pp 503-506, 1984.
16. Shaw, G., Hahn, B., Arya, S. et al., SCIENCE, Vol 226, pp 1165-1171, 1986.
17. Southern, E., J. MOLEC. BIOL., Vol 98, pp 503-517, 1975.

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CSO: 18400923

BRIEFS

CEREBRAL MALARIA KILLS TWO--Two persons have died during the last two days and over 100 patients have been warded at the General Hospital, Kurunegala owing to cerebral malaria. According to...hospital officials, the number seeking out-patient treatment at the hospital for a day, is as high as 150. Most of the affected are children and over 20 per cent of the medical wards at the hospital is filled with malaria patients. The work at the hospital has been severely hampered because a large number of hospital employees and members of their families have been affected by malaria. A large number of minor employees over 25 nurses and a couple of doctors working at the hospital are down with malaria at present, the officials said. The two persons who died of malaria were a Buddhist monk and a woman who has just given birth to a baby. Another pregnant lady doctor who had suffered an attack of malaria had got herself transferred from the hospital because of the complications malaria can lead to in pregnant women. [Text] [Colombo SUN in English 14 Jul 87 p 1] /9274

MALARIA CONTROL SUCCESS--Colombo, 19 Aug (LANKA PUWATH)--Malaria one of the most widely spread infectious diseases in humans which had seemingly taken a firm grip in Matale, Kegalle and Kurunegala Districts in Sri Lanka has been effectively curbed, due to suitable emergency measures taken by the anti-malaria units, health service sources told LANKA PUWATH today. The adoption of preventive measures has resulted in the spreading of malaria being contained to a great extent. Studies and research in this field are being made and health authorities are confident of achieving success in their attempts soon. [Excerpts] [Colombo LANKA PUWATH in English 1000 GMT 19 Aug 87 BK] /9274

CSO: 5400/4719

RECORD MONTHLY INCREASE IN AIDS CASES

54002492 Stockholm SVENSKA DAGBLADET in Swedish 11 Jul 87 p 6

[Article by Holger Nilen: "Rising AIDS Figures. 14 New Cases In One Month"]

[Text] The number of new AIDS cases in June is the highest reported so far for one month. 14 cases is more than double the number contained in a normal monthly report. Furthermore, some of the cases were completely unknown as HIV-carriers and were directly classified as AIDS-cases.

Of the 14 reported in June, eight were homosexual/bisexual males, four had received transfusions with HIV-infected blood during 1983 and 1984 and two had been infected heterosexually.

This is the highest monthly figure so far. The previous highest figure, nine cases, was reported last November. The figure for June last year was six and in May of this year five cases were reported.

Could Be More

"Actually, the figure 14 might be larger. There are two new cases on my desk which may be for June. They will now be among the statistics for July," says Lars Hambræus, infection prevention physician in the Södermanland county, who is acting as a summer substitute at the State Bacteriological Laboratory (SBL).

"The isolated cases that were not previously classified as HIV-infected make up the unpleasant part of the statistics. They came for help at the hospital and had their illness diagnosed as AIDS," he adds.

The fact that the routines for diagnosing AIDS have been changed may be one of the reasons that the figure for June is so high, according to Hambræus. For the last couple of months, brain injuries which give rise to senile dementia, among other things, have been used as a sign that the HIV-infection has turned into full-blown AIDS. Earlier efforts were concentrated on various forms of cancer, such as Kaposi's sarcoma, a form of skin cancer which sometimes spreads to internal organs, and serious lung infections such as Pneumocystis Carinii.

129 Known Cases

The total number of known AIDS-cases in Sweden, as of July 10, is 129, 69 of which have died. SBL's statistics for June show that 28 new HIV-infected have been reported. Among those is a person infected by blood or blood products in 1983.

Four men and four women were infected heterosexually. In all, 41 men and 35 women have now been struck by HIV through heterosexual contacts.

"When it comes to heterosexual transmission of the virus, men and women are struck equally. We worry about the continued trend, especially now during the summer with tourism and young people using the rail-passes," says the infection prevention physician, Lars Hambraeus.

On the first of July the total number of HIV-infected amounted to 1,512. The homosexual and bisexual men (796) and intravenous drug users (398) are still the majority. 172 had been infected by blood or blood products. The group consisting of "other" or unknown means of infection is now as large as 70.

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SOCIAL WORKERS SUCCEED IN TRACING SECOND AIDS CHAIN

54002492 Stockholm DAGENS NYHETER in Swedish 19 Jul 87 p 6

[Article by Cilla Nauman: "HIV-Chain Traced In Hudiksvall"]

[Text] Social workers in the district of Hudiksvall have succeeded in mapping the second known infection-chain for HIV in Sweden. So far, five persons have shown themselves to be carriers of the virus. 30 persons with ties to the five infected are now undergoing continuous AIDS tests.

Three of the HIV-infected are intravenous drug users, who got the infection from needles. The two remaining, one of which is a teenager, do not belong to any risk group.

The infection-chain is relatively new. It is most likely that the first person in the chain was infected during the winter months of 1986/1987.

The Vardbas (Carebase), a part of the individual care unit within the Social Administration in Hudiksvall, carried out the mapping of the infection chain.

Ombudsman Notified

The Vardbas had previously been criticized, and the Ombudsman notified, by the National Swedish Association for Sexual Equality (RFSL) for not paying attention to the secrecy act.

Treatment assistant Finn Stenvall at the Vardbas repudiates the criticism.

"We have been working with public documents, court recordings and police reports and are, therefore, not guilty of any crimes."

The mapping of the infection-chain in Hudiksvall is the result of urgent and concentrated effort on the part of the personnel at the Vardbas.

Became Tired

"We got tired of the lack of central decisions and the general action paralysis on the part of, among others, the AIDS-delegation," says Finn Stenvall.

Instead the social workers looked up the available reports on drug abusers. All the people in the town, who might have injected drugs starting in 1980, were found and asked to take the test.

"Naturally, we did not force anyone. We were well received and most of them were grateful for the help in getting the test.

"We found carrier A in this group. We soon found carrier B among A's contacts and between them A and B have spread the infection," says Finn Stenvall.

Oldfashioned Method

The people at the Vardbas in Hudiksvall are strongly critical of the methods used to prevent the infection in other parts of the country. They feel that those methods consist of traditional infection prevention work, carried out exactly the same way as it always has.

"People have managed epidemics before and we are now dealing with the most dangerous disease in the world. This is not the time for action paralysis. Tracking the infection is the only effective method for preventing the spread of the disease."

Finn Stenvall also points out the danger of what he calls "low-dose infection", that which is contained in saliva for instance. This low dose of the HIV-virus would not stimulate the formation of anti-bodies directly, according to Stenvall. The consequence could be that it might be years before a person becomes HIV-positive.

Confusing

Professor Gunnel Biberfeldt at the State Bacteriological Laboratory (SBL) says that it is hardly the thing to speak of "low or high dose infection."

"We never know whether the infected person in question has been exposed to a high or a low dose. It would be very confusing to carry on such a discussion.

"What we know today is that certain persons develop anti-bodies more slowly than others, but we do not know the reason," says Gunnel Biberfeldt.

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FREE-NEEDLES PROGRAM RESULTS IN DISCOVERY OF MORE AIDS CASES

Stockholm DAGENS NYHETER in Swedish 20 Aug 87 p 8

[Article by Gun Leander: "Since the Addicts Received Clean Syringes HIV Tests Have Doubled"; first paragraph is DAGENS NYHETER introduction]

[Text] HIV testing among drug addicts has doubled, and many formerly unknown addicts have been identified since they began the effort in Lund to distribute sterile syringes and hypodermic needles to drug addicts.

This was disclosed in the latest issue of LAKARTIDNINGEN, which reported on the first six months of the program.

One hundred eighty-nine addicts, of which many were unknown to drug treatment centers, have been identified for information on protection from infection, condom distribution and motivation for drug treatment, according to Supervising Doctor Bengt Ljungberg, Assistant Professors Bertil Christensson and Bo Ursing, Socionomist Bengt Andersson and Supervising Doctor Kerstin Tunving at the Drug Treatment Unit at Lund.

At first criticism of the activity was severe. Many feared that distribution of sterile disposable syringes would promote increased drug abuse. But this has not happened, according to the infectious diseases doctors at Lund. Recruiting of new young injection addicts in southern Skane has instead declined during recent years.

Self Protection

The goal of the program is to help the individual addict to protect himself against HIV infection, and in the long run to prevent an epidemic. In all of Europe the percentage of addicts among the AIDS cases is increasing. More than half of the infected children have gotten the infection from mothers who are addicts or are heterosexual partners of addicts.

WHO has recommended the distribution of sterile syringes and needles as a part of an offensive in drug treatment, which also includes methadone therapy. The Social Welfare Administration insists that no law forbids doctors from distributing syringes to addicts. But since the project in Lund conflicts

with current practice, the Social Welfare Administration wants it to be held to a minimum.

One of the practical problems they have had in Skane has been cooperation with the police, who in certain cases have confiscated recently distributed syringes. It was agreed, however, that since they were handed out by doctors the syringes should be regarded as medicine, and therefore should not be seized.

More Were Tested

A distinct increase in HIV testing was one of the results of this project. The Infectious Diseases Clinic in Lund succeeded in gaining the confidence of addicts in all of southern Sweden. During the six months they have tested almost twice as many injection addicts as during the entire period 1984-86. Over 40 non-addicted sexual partners of formerly unknown addicts have allowed themselves to be tested. This was considered to be a very difficult group to test.

Among the addicts who have come to get new syringes the average age is 29.7 years and the addiction has lasted for an average of 11 years. Over half of them have had previous contact with drug treatment. It is hoped that this group will grow, thanks to the drug treatment people in the clinic. Today the resources are insufficient for a systematic processing through to treatment and detoxification.

Interest by other infectious diseases clinics in Sweden is very great. A number of infectious diseases clinics around the country have now begun to distribute syringes to addicts, including most clinics in southern Sweden. The group hopes that primary treatment centers can begin to distribute syringes in places in the country which do not have infectious diseases clinics.

Net

HIV VIRUS NOW SEEN THREAT TO AMPHETAMINES-USER GROUP

Stockholm SVENSKA DAGBLADET in Swedish 8 Aug 87 p 6

[Article by Eva Wrangle: "HIV Increasing in New Addict Group"; first paragraph is SVENSKA DAGBLADET introduction]

[Text] The HIV infection is now being spread among amphetamine addicts. This was confirmed by a study at Kronobergshaktet in Stockholm where 350 injection addicts were investigated this year.

"This is worrisome for several reasons. Primarily because amphetamine is considered a sexual stimulant. That means that the sexual spreading among addicts and the women around them goes swiftly."

So said Robert Olin, professor of social medicine at Karolinska Institute, and an expert at the State Bacteriological Laboratory (SBL). He heads the HIV project at Kronobergshaktet, which has been going on since January of this year.

It is the sexual habits among amphetamine users which primarily concerns the scientists. The HIV infection among heroin users is mainly spread from blood to blood via syringes.

Amphetamine is a central stimulant drug which makes the user hyperactive. Feelings of hunger are suppressed and the sexual appetite and endurance are increased.

"So far we have tested 400 addicts, of which 350 are injection addicts, and we have found that over 50 are HIV positive. Of those, nine are newly discovered cases."

It is the newly discovered cases which are interesting. The scientists found them among those who only use amphetamine, or those who mix amphetamine with other drugs, with amphetamine as the main drug.

"Formerly it was the heroin addicts who were the hardest hit group among the injection addicts, but these findings indicate a spreading over to new groups."

Two Year Project

The research project works with money from the AIDS Delegation, and will continue for two years. During that time they expect to come in contact with three-fourths of Stockholm's injection addicts.

Addicts at Kronobergshaktet get the HIV test and are interviewed about their sexual and drug habits. Everything is voluntary.

"There are 20 percent who do not want to. Those who do not dare can be a real risk group. But we have not analyzed those numbers yet."

Difficult to Change Habits

The interviews are very basic and the results show how difficult it is, despite the known risks and the special jeopardy of addicts, to change habits.

"The majority are incapable of either changing their sex habits or their addiction to any great degree. Condoms are very unusual among these people."

In Stockholm it is estimated that there are 800 pure heroin addicts, 1,600 addicts of mixed drugs and 3,000 amphetamine addicts. Half of those who are received at Kronobergshaktet are injection addicts.

"But establishing the number of injection addicts in Stockholm is a broad estimate," said Robert Olin.

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OFFICIAL: SPREAD OF HIV VIRUS HAS PEAKED, FEW CASES SINCE 85

54002499a Stockholm SVENSKA DAGBLADET in Swedish 23 Jul 87 p 10

[Article by Inger Atterstam]

[Text] "The spread of the HIV virus, which causes the deadly immune deficiency disease AIDS, has peaked in Sweden. Few people have been stricken since 1985, and it is mainly drug addicts who have spread the virus.

"Against that background, there is hardly any point in testing the entire population or all conscripts. It is clear that a new and better reporting system is needed for the AIDS infection and other epidemic diseases." So says Associate Prof Per-Magnus Niklasson, chief physician for the control of infectious diseases in Kronoberg County, according to the TT [PRESS WIRE SERVICE, INC.].

He has made a study of 203 HIV-infected patients to determine when they became infected. All the cases in question involve patients outside the three big cities, where such a study is not possible because anonymity is protected under the current system for reporting infectious diseases.

Niklasson found that only 22 of those 203 patients had been infected after 1985. Of those 22, only 17 were infected in Sweden. The others are Swedes who were infected abroad or heterosexual Africans who came to Sweden. Only 4 cases of heterosexual infection since 1985 were noted among the 203 cases covered by the study.

Lars Hamraeus, who is substituting for Prof Margareta Bottiger at the National Bacteriological Laboratory, told the TT: "I regard Niklasson's contribution through his article in LAKARTIDNINGEN as being part of the debate on AIDS. I myself am doubtful as to whether Niklasson's conclusions are correct.

"Unlike Niklasson, I believe that willingness to let oneself be tested has declined. Some of those who were tested say they regretted it when they found out that they had been infected. Several such factors may have reduced the number of tests."

New Substance Tested

It appears that the announced testing of the controversial AIDS drug peptide-T on AIDS patients is now getting underway despite widespread and sharp criticism.

Using four patients as its subjects, Sweden was the first country in the world to test peptide-T, and the long-discussed larger study of 36 Swedish patients has just been started, with two patients involved so far.

"In the United States, we expect to receive permission to start our first major testing any day now," says American researcher Candace Pert. It was she who announced the discovery of peptide-T just a year ago, thereby triggering an unusually inflamed controversy among scientists.

According to Candace Pert and her associate, peptide-T plays a crucial role in the ability of the AIDS virus to force its way into T-4 cells—the cells in the body's immune system which are the main targets of the AIDS virus.

The idea is that if peptide-T is given to infected individuals and AIDS patients, it will attach itself to the receptors and set up a blockade preventing the AIDS virus from forcing its way into the cell. That will destroy the ability of the virus to cause damage and spread farther in the body.

The only problem is that several leading virus research groups in several countries have been unable to confirm those results. Of 11 well-known laboratories that have tested peptide-T, at least 9 failed when it came to producing any effects with peptide-T.

On Wednesday, Candace Pert and her associate Michael Ruff defended peptide-T's great possibilities in the treatment of AIDS.

Michael Ruff said: "We have succeeded in producing specific antibodies in rabbits to peptide-T and, therefore, an important part of the AIDS virus."

11798

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NEW HBLV HERPES VIRUS FOUND WIDESPREAD AMONG POPULATION

Stockholm SVENSKA DAGBLADET in Swedish 15 Aug 87 p 6

[Article by Inger Atterstam: "New Herpes Virus Widespread"; first paragraph is SVENSKA DAGBLADET introduction]

[Text] The new herpes virus--HBLV or herpes virus 6--which was recently first discovered in AIDS patients seems to be spread among a large part of the population.

Antibodies against the virus have been found in between 25 and 50 percent of the normal population. The appearance of antibodies is a sign that the virus once infected an individual, and it is remarkable that the herpes virus has the ability to hide in an inactive status for the remainder of the life of the host.

Furthermore a research group has found proof that this new virus appears in connection with the observed chronic infections of the EBV virus, another herpes virus.

This illness is drawing attention just now because of the interest in the still unexplained epidemics of lengthy fatigue being investigated in the United States in, among other places, several towns around Lake Tahoe.

Yuppie Flu

It is the phenomenon which has come to be known as "yuppie flu" and which is characterized by the infected persons having signs of active infection by the EBV virus (Epstein-Barr virus).

"It appears that the newly discovered herpes virus 6 is activated in patients who have an EBV infection," said Professor Britta Wahren at the State Bacteriological Laboratory (SBL).

Previously herpes virus 6 or HBVL was suspected of causing certain forms of blood cancer or leukemia:

"It is difficult today, however, to state definitely whether the virus is

involved in the occurrence of cancer, or whether it is activated as a result of the illness," said Britta Wahren.

This new information about herpes virus 6 was presented at the International Virus Congress which is now taking place in Edmonton, Canada.

It was originally Robert Gallo--one of the discoverers of the AIDS virus--who first found this new virus.

Tied to Cancer

Also in Edmonton entirely new facts are being presented about the virus HTLV 1 --a retro virus which was also discovered by Robert Gallo and Japanese scientists. It is the first virus which could be tied to cancer in humans, because it causes a seldom-seen type of blood cancer.

It has now also been proved that HTLV 1 is behind a severe neurological illness called spastic paralysis, which is the most common neurological illness in tropical countries. Reports from Jamaica and Colombia show a clear connection between this illness and the HTLV 1 virus.

The illness takes the form of convulsive paralysis, and it successively gets worse.

There are worrisome indications that HTLV 1 is now spreading in the wake of the AIDS epidemic. The virus has been found in drug addicts infected with HIV in several large cities such as New York, London and Rome. It is also found in Japan, India, the Caribbean islands, certain parts of Italy, Greece and Africa.

Test Blood Donors

HTLV 1 was first discovered in Japan and in the Caribbean islands. In the United States more extensive testing has been introduced to detect HTLV 1, and demands have been made by several scientists to test all blood donors for antibodies against HTLV 1.

HTLV 1 is spread like the HIV virus via sexual contact and via blood from pregnant mothers to children. It is also believed that breast milk can carry the virus. Furthermore some suspect that HTLV 1 can be spread by insects.

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COUNTRY'S FIRST SPECIAL CLINIC FOR AIDS VICTIMS PLANNED

54002492 Stockholm SVENSKA DAGBLADET in Swedish 14 Jul 87 p 7

[Article by Inger Atterstam: "Special AIDS Clinic Planned"]

[Text] The country's first special clinic for the care of AIDS-patients is being planned at the Soder Hospital in Stockholm. The purpose of the clinic is to function as a development unit for the AIDS-care of the future.

"To start with, we figure on establishing six beds with the possibility of expansion to twelve," says Eric Sandstrom, associate professor and head of the blood circulation department at the Soder Hospital and one of the promoters of the project.

Application for permission to start the activity during the budget year 1987/88 has been made to the medical service administration of the county council. The intent is to use the skin clinic's premises in the Soder Hospital, if the proposed plans for closing the skin clinic are realized.

New Care Methods

"We want to develop and try out new methods for the care of HIV-infected and AIDS victims at the clinic," says Eric Sandstrom. "That way we could function as a pilot project with the prospect of gathering special knowledge and developing new treatment methods."

The plan is for the care to be carried out in very close cooperation with other authorities in the community, not least the communal home service and the voluntary help organizations which exist for the help and support of HIV-infected persons, such as Noah's Ark and RFSL, the National Swedish Association for Sexual Equality.

Continuity

"The most important task is to create as good a quality of life as possible for the patients," says Eric Sandstrom. "That requires, among other things, a good continuity and that the patients get to meet the same personnel. That is why we are going to establish a kind of group care, where the home medical services together with us at the clinic are responsible for the care of each

individual patient. He or she will be cared for by the same persons during the entire time from infection to illness.

This Swedish effort is to a large extent based on the much noted care model that was developed in San Francisco.

"However, we have modified and adapted the ideas to Swedish conditions," says Eric Sandstrom.

Present Care

Until now, all the care of the AIDS-patients and the greater part of that of the HIV-infected has been handled by various infection clinics with a majority of the patients going to the Roslagstull Infection Hospital in Stockholm.

"Our plans do not imply any criticism of the present care," says Eric Sandstrom. "In the future, however, other areas of the medical service will also be required to become engaged in the care for AIDS patients."

12339

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SWEDEN

HUMAN

BRIEFS

HIV INFECTION REVEALED IN SECRET TESTS--Three cases of HIV infection have been discovered in secret tests at the Malmo General Hospital. Every day over a 10-month period, unmarked blood samples from 50 randomly selected and anonymous patients were tested in a single test. The blood samples were taken in the hospital's emergency room. The 50 samples were mixed together to form a single sample which was then tested. The purpose of that kind of HIV analysis is to determine how much concealed infection there is in the population. [Text] [Stockholm DAGENS NYHETER in Swedish 29 Jul 87 p 6] 11798

CSO: 5400/2499

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CHOLERA DIAGNOSIS MADE ON AILING TOURIST

54002505 Istanbul HURRIYET in Turkish 19 Jul 87 p 3

[Text] Erzurum (HURRIYET NEWS AGENCY) - German tourist Claus Vuggatel went to the Ataturk University Research Hospital complaining of vomiting and diarrhea and was placed under quarantine in the infectious diseases department with a diagnosis of "cholera."

The German tourist entered Turkey 2 weeks ago at Habur after touring Iraq and Syria and spent some time at Gaziantep then went to Kars. Claus Vuggatel became ill while in Kars and went to the state hospital. From there he was sent first to the Erzurum Model Hospital and then to the Medical Faculty Research Hospital. Complaining of stomach pains, vomiting and diarrhea, Claus Vuggatel was diagnosed as having cholera and was admitted for treatment.

8349

OBLIGATORY AIDS TEST FOR FOOD HANDLERS

Muscat TIMES OF OMAN in English 20 Aug 87 p 14

[Text]

Under a new system introduced by Dubai Municipality, all those engaged in food handling work have to undergo blood test for AIDS (Acquired Immuno Deficiency Syndrome) for the renewal of their health cards.

Hassan Mahtoub, Deputy Director of the Municipality's Health Department, said it was one of the precautionary measures taken by the municipality in the interest of public health.

A new machine purchased for Dh 60,000 was recently installed at the

municipal clinic near Muraqqabat for such tests. It will make the detection of AIDS symptoms simple and easy. The machine will be put to use soon, specially for examining cooks and other restaurant workers.

For the renewal or issuance of new health card, it has become obligatory for all the workers engaged in the food industry to obtain a 'free-from AIDS certificate from this clinic.

A proposal to introduce AIDS test for all categories of visa holders, specially housemaids, nannies, drivers, gardeners and farmers, is being studied by the Government.

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CSO: 5400/4528

UNITED KINGDOM

HUMAN

BRIEFS

INCREASE IN MELANOMA--About 1,000 people will die this year from a highly malignant type of skin cancer aggravated by sunbathing, it was revealed by the Cancer Research Campaign in London yesterday. Malignant melanoma has increased by two-and-a-half times in Britain in the past 20 years but, if diagnosed early, it is an easy cancer to treat. The disease doubles every 10 years at all ages from 25 upwards but fatal cases occur in younger people. Deaths from malignant melanoma increased by 50 percent in all age groups between 1973 and 1983. [Text] [By K. C. Hutchin] [London THE DAILY TELEGRAPH in English 9 Jul 87 p 4]

CSO: 5450/0188

HEALTH MINISTRY VIEWS DENGUE 'EPIDEMIC'**BK271105 Hanoi Domestic Service in Vietnamese 2300 GMT 24 Aug 87**

[Text] According to the Public Health Ministry, this year, hemorrhagic fever has developed into an epidemic in accordance with its 1-in-every-4-year cycle, 1975-79 and 1983-87.

Some 22 provinces and municipalities are affected by this disease with tens of thousands of people being stricken and many fatalities reported. The Ministry of Public Health is intensively urging the localities to send cadres, facilities, and medicines to the affected areas to promptly check the epidemic and protect the people's health.

In the southern provinces, hemorrhagic fever has developed at a fast pace into an epidemic in Minh Hai, Dong Nai, An Giang, Ben Tre, Song Be, and Tien Giang Provinces and Ho Chi Minh City. According to the Ho Chi Minh City Institute for Sanitation and Epidemics Control the vector causing this year's dengue hemorrhagic fever is designated as Type I. It is anticipated that the epidemic will continue to develop during the rainy season in proportion to the growth of the disease-carrying mosquito Aedes Aegypti.

In the northern provinces, the disease is developing into a major epidemic in Ha Nam Ninh, Thai Binh, and Ha

Bac Provinces and Hanoi Municipality. People affected by hemorrhagic fever have been reported in 60 percent of villages in Thai Binh Province. 13,000 people in Ha Nam Ninh Province have been stricken with the disease and there have been many fatalities.

The Public Health Ministry is working with the Central Institute for Sanitation and Epidemics Control and the Ho Chi Minh City Institute for Sanitation and Epidemics Control to send cadres to the various localities to inspect the development of mosquitoes and organize disease prevention and treatment for the people. Thai Binh Province has spent more than 3 million dong on insecticide sprays and treatment. The Ho Chi Minh City Institute for Sanitation and Epidemics Control has provided chemicals and sprayers for Kien Giang and Minh Hai Provinces to help local medical organs cope with the problem.

Along with promptly supplying various localities with medicine and insecticide sprays, the Public Health Ministry has instructed local medical personnel to submit statistics and reports on the development of the disease and various hospitals to stand ready for admission and intensive care of patients.

/9274
CSO: 5400/4390

AIDS CASES REPORTED AT 250

Lusaka SUNDAY TIMES OF ZAMBIA in English 12 Jul 87 p 7

[Text]

ZAMBIA can no longer afford to ignore the presence of AIDS. Cde Lishika said.

He called for concerted efforts to educate the public about the dangers of the disease.

Speaking during the inauguration of the Kibwe district AIDS prevention committee at the civic centre, Cde Lishika said medical experts all over the world agreed that public education was the most practical method of controlling the spread of AIDS.

"We cannot ignore the fact, we cannot close our eyes and pretend that the threat of AIDS does not exist. It will not disappear on its own. We have to face the problem and fight it with the resources at our disposal," he said.

People should be infor-

med about AIDS and how it was spread so that they could protect themselves.

Cde Lishika said health education should bring a voluntary change in a person's health knowledge, attitude and behaviour.

Until a vaccine was developed the only effective protection measure against the syndrome was education.

No country could afford to lose precious and scarce human resources through mass deaths, he said.

And Lusaka Member

medical personnel to work hard to see that the number of AIDS patients did not increase.

A total of 250 cases of AIDS have been reported in Zambia. Many countries in East and Central Africa have reported even higher figures.

He told the meeting, whose theme is "AIDS — the hidden enemy", that it was saddening that young men and women in their 20s and 30s, the bread winners of today and tomorrow, constituted the largest number of people already infected and who might eventually die.

Unless AIDS was checked the family unit would crumble leaving old people too frail to till the land and children without parents to fend for themselves in the towns. — Zama.

/9274
CSO: 5400/218

ZIMBABWE

HUMAN

REPORT PROJECTS URBAN AIDS TO AFFLICT 70 PERCENT

MB050918 (Clandestine) Radio Truth in English to Zimbabwe 0430 GMT 5 Aug 87

[Excerpt] Carriers of the dreaded disease AIDS are on the increase in Zimbabwe. According to the latest report, it is possible that in just over 6 years an estimated 70 percent of Zimbabwe's urban population could be carriers of AIDS. It is assumed that the number of carriers doubles every 12 months.

This report, which was compiled by a local insurance company, is in line with the current trends in both the USA and in Europe. Indeed, according to one top American expert, 1 in 30 of all young and middle aged males in the United States is already infected with the disease. By 1993 experts have estimated that it is possible that over 1.5 million people may be carriers of AIDS in the urban areas of Zimbabwe alone, with nearly 17,000 terminal cases amongst both men and women.

We point out that this particular insurance company has only compiled a report on those living in the urban areas since they consider, quite rightly of course, that it is extremely unlikely that many of the people in the rural areas would be covered by insurance. [passage omitted]

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CSO: S400/0225

BRIEFS

CATTLE DEATH STATISTIC--Patuakhali--Cattle diseases locally known as badia, gala fula, and tarka have broken out in four upazilas of Patuakhali district in an epidemic form. The upazilas are: Kalapara, Galachipa, Dashmina and Mirzaganj. About 2,000 cattle died of the diseases during last few months. [Text] [Dhaka THE BANGLADESH OBSERVER in English 2 Aug 87 p 7] /9317

CATTLE DISEASES OUTBREAK--Narail, July 15--Cattle disease broke out in different areas of Kalia upazila in an epidemic form. About 300 cows and bullocks died of the disease during the last few days in Suktagram, Hasla and Kalukhali villages under Hasla Union in the upazila. The people of the locality have complained that necessary medicines were not available in the local veterinary hospital and no preventive measures were taken. [Text] [Dhaka THE BANGLADESH OBSERVER in English 19 Jul 87 p 7] /9317

CSO: 5450/0201

BRIEFS

'CATTLE AIDS' IN MINAS GERAIS--Uberaba--At least 500,000 cattle have died in the past 3 years in the Triangulo Mineiro e Sul of Minas Gerais as the result of a disease not yet identified and which the cattle breeders are calling "cattle AIDS." This information comes from Joao Gilberto Rodrigues of Cunha, chairman of the Brazilian Association of Zebu Breeders (ABCZ). "In the beginning we thought of botulism. But 1/3 of my animals, vaccinated and properly medicated against botulism, died unaccountably. We sent specimens to be tested at the Veterinary College of Jaboticabal and the test for botulism turned out negative. Perhaps it is another bacterium. We are awaiting the complete results of the tests. The breeders speak only of cattle AIDS," said Joao Rodrigues. ABCZ has established a scientific department under the leadership of researcher Uriel Franco da Rocha to contest the botulism theory. The specimens sent to the college revealed the presence of bacteria of the Listeria type and another type not yet identified. In articles in the press, ABCZ is recommending treatment of the infected animals with streptomycin and penicillin. [Text] [54002077
Rio de Janeiro O CLUBO in Portuguese 7 Aug 87 p 197

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HONG KONG

ANIMAL

BRIEFS

DISEASED PIGS IMPORTED--Checks at a privately-owned slaughterhouse in Tsuen Wan had shown that some pigs from China's Heian Province carry disease, a senior Government health inspector said yesterday. Mr Wong Fook-cheung said the animals were frequently found to be infected with diseases including cyspice cus cellulosae--an infection similar to tape worm--jaundice and septicaemia. Speaking after a visit to the Tseum Wan Slaughter House, the Senior Health Inspector, Mr Wong Fook-cheung said the quality of services of the private-owned slaughterhouse may be said to be better than that of the Government-owned ones. According to the statistics kept by the slaughterhouse, an average of 0.5 percent of the pigs examined were found to be carrying diseases. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 1 Aug 87 p 5] /9317

CFO: 5450/0204

DIOUF APPEALS FOR AID IN FIGHTING LOCUSTS

Dakar LE SOLEIL in French 2 Jul 87 p 6

(Statement by Abdou Diouf, president of the Permanent Interstate Committee for Drought Control in the Sahel: "The Fight Against the Invasion of Locusta into the Sahel: The Chief of State Appeals to the International Community"; first paragraph is LE SOLEIL's introduction)

(Text) The following is an appeal to the international community by His Excellency Abdou Diouf, the president of the Permanent Interstate Committee for Drought Control in the Sahel (ICDSC), on the locust situation.

Last year at this time, in my capacity as ICDSC president, I sent out an appeal to the International Community and ICDSC Member States asking us to join our efforts together so as to fight the invasion of grasshoppers into the Sahel.

Thanks to the positive response by donors and the efficient battle plan set up in our States, we were able to avert this threat and lessen its consequences.

Lessons drawn from the past and measures already taken this year in connection with the International Community will allow us to ward off all emergencies in the fight against grasshoppers.

Now it is time for me, on behalf of my eight colleagues, the ICDSC heads of state, solemnly to thank the International Community for its help and for being there whenever we have to cope with the terrible effects of natural disasters in our subregion.

However, in another region of Africa, there has appeared a threat which is no less serious to the Sahel.

Analyses by experts indicate that an invasion of migratory locusta is highly probable during the present rainy season, given favorable ecological conditions and the presence of large residual locust populations noted at the end of 1986.

Thus, in the Horn of Africa countries, swarms (of locusta) have produced major damage.

We hail the courage and the efforts of the leaders and the peoples of this region as they cope with this scourge.

The International Community must energetically support these countries in their efforts to protect their agriculture and destroy the locusts.

If such action is delayed, not only would these brother countries sustain very major damage, but the Sahel region itself would be seriously threatened.

For this reason, in the name of the ICDCS Member States, I appeal urgently to the International Community, to friendly countries, and to the specialized institutions of the United Nations for their valued help so that the efforts already expended to ward off the grasshopper threat are not wiped out by the threat from migratory locusts.

Everything must be done to eradicate locust populations in areas where they breed and to draw up a plan, here and now, to halt the movement of the swarms which will attempt to invade our subregion.

I remain convinced that the international community will respond as is its custom to this appeal because it knows that all natural calamities--and this is one of them--are best met with human solidarity.

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CSO: 5400/115

HANOI COOPERATIVES FIGHT HARMFUL INSECTS

Hanoi HANOI MOI in Vietnamese 15 May 87 p 1

[Article by Ha Quy Ti, Nguyen Thi Yen, and Do Huu Tuyet: "Eradicating Harmful Insects in Rural Hanoi; Vong La Cooperative Catches 40 Kilograms of Rice Mealy Bugs in 5 Days; Tich Giang and Co Loa Cooperatives Adopt Positive Policies, Measures"]

[Text] Vong La Cooperative (Dong Anh District) had harmful insects and leafhoppers in up to 80 hectares of its ricefields, or about 40 percent of its total rice crop area. In a campaign it launched to eradicate rice mealy bugs, it caught 40 kilograms of the insects in 5 days. Miss Nguyen of Unit 5 was the cooperative member who caught the most of these insects--5 kilograms (for every kilogram the cooperative pays 5 man-days).

The plant protection unit used "bat-xa" and Vofatoks to destroy leafhoppers that had been infesting the rice plants.

The problem with leafhoppers and other insects doing harm to the rice crop has thus been greatly reduced. In the days to come, the plant protection unit will continue to observe the crop until the end of the season in order to discover any harmful insects and to take preventive and control measures in time.

Co Loa Cooperative had 250 hectares of ricefields affected by diseases, with 40 hectares of them quite seriously--from 5,000 to 10,000 insects per sq m. It was using manual work to fight insects in the case of light infestation and spraying insecticide where the infestation was serious; technical cadres were notified when necessary so that they could take timely measures to fight harmful insects and diseases.

To ensure correct implementation of the technical plan, deputy unit chiefs were taking care of the mixing of insecticide for unit members to spray in every ricefield. Those who were doing the spraying received from the cooperative supplemental man-days to compensate for the harmful nature of their work. Each of them actually received 5-7 man-days per day of spraying. The cooperative as a whole has 48 people in charge of spraying insecticide. They include 22 deputy unit chiefs and three technicians. With these people the cooperative can ensure timely eradication of harmful insects and diseases.

in all of its ricefields. In addition, it is being supplied with 220 kilograms of insecticide of all kinds and has bought 150 kilograms of it outside of its plan so as to ensure timely destruction of harmful insects.

While the cooperative has been fighting insects in 250 hectares of the fifth-month and spring rice, it has to actively destroy harmful insects and diseases for more than 70 hectares of peanut and nearly 40 hectares of red squash. As a result, its vegetables and subsidiary food crops have been relatively stable. As to the rice crop, symptoms of serious diseases are appearing in a number of ricefields.

The campaign to prevent and control brown leafhoppers is going on at an urgent pace in Tich Giang Cooperative. The plant protection unit has adopted a clear work mechanism, with its members being treated quite satisfactorily by the cooperative, which pays each of them 45 man-days (450 work points) a month. They also receive a supplemental pay of 30 dong per month for normal days and 50 dong per day during a campaign to eradicate harmful insects and diseases; at the same time, the cooperative also sells them foods to the extent of its capacity to obtain them. The people who are assigned the job of receiving and bringing back insecticide get supplemental pay of 100 dong per day. The cooperative has been paying attention to supplying its members with masks, leg-guards, and protective garments, which by the way are still short. Because importance has not been seriously attached to the normal measures to be taken to prevent and control harmful insects and diseases, however, the results obtained from its present campaign to fight harmful insects and diseases have so far been to some extent limited.

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CSO: 5400/4385

NOTICE ON HARMFUL INSECTS, DISEASES ISSUED

Hanoi NONG NGHIEP in Vietnamese 5 Jul 87 p 2

[Notice issued by the Plant Protection Department]

[Text] For northern provinces:

-- Rice bugs remaining through the summer on grass-covered areas, along the banks of ditches, and on the edges of villages, and existing in increasing numbers will be a major source of damages for the summer-autumn rice.

-- Stem borers and rice thrips, which cause damages in large areas, should draw our attention in connection with early and main planting. Rice leaf rollers, rice armyworms, rice stemflies, and rice leaf beetles cause serious local damages in a number of localities.

Take every measure possible to destroy rice mealy bugs which remain through the summer, including destroying egg clusters in subsidiary food crop fields.

-- Take manual measures to get rid of harmful insects on rice seedlings.

For southern provinces:

In the central coastal provinces, stem borer moths continuing to produce young borers cause a serious problem of "bong bac" (rice ears turning silvery white) among rice plants in the process of heading. Rice thrips continue to cause damages in the Mekong delta. "Kho van" disease, rice leaf folders, and rice planthoppers cause local damages in some localities.

In the central coastal provinces it is necessary to:

-- Catch moths with lamps and nets, destroy stem borer egg clusters in ricefields during the period of heading, and spray insecticide where moths exist in large numbers.

-- Spray insecticide to destroy rice thrips in the Mekong delta and other insects, and combine this with taking care of tenth-month rice seedlings.

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